CANCELLED

CITY AND ROYAL BURGH OF EDINBURGH
PUBLIC HEALTH DEPARTMENT

ANNUAL REPORT

ON THE

HEALTH OF THE CITY

DURING

1943

BY THE
MEDICAL OFFICER OF HEALTH

57—200/7/44

With

Dr. W. G. Clark's

Compliments.

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Public Health Department,
Johnston Terrace,
Edinburgh, *September* 1944.

To

The Department of Health for Scotland and
The Right Honourable the Lord Provost,
Magistrates and Council of the City of Edinburgh.

My Lord Provost, Ladies and Gentlemen,

I have the honour to submit the Annual Report of the Public Health Department for the year 1943.

1. **Fifth Year of War.**—Little occurred during 1943 to disturb the generally satisfactory health conditions which have prevailed in Edinburgh since the outbreak of war. Slight fluctuations, some for the better and some for the worse, are noted as compared with the earlier war years, but, viewed as a whole, the picture for 1943 is brighter than we had any right to expect in the fifth year of war, and gave evidence that morally and physically the citizens were in good heart for what we all hoped and believed was the last stage of the struggle. Causes contributing to the general wellbeing were the comparative absence of abnormal weather, a reduced incidence of epidemic disease and the success of food rationing schemes. One might also add the psychological factor of a war to be won. The war has had a toughening effect on the individual and a coalescent influence on the community which have brought out latent powers of resistance. If this communal spirit and purpose were carried into the peace-time years, the beneficial effect on the health of the nation would be considerable.

2. **Vital Statistics.**—Foremost among the improved records of the year was a further reduction of the infant mortality rate. Since 1939 the rates had been 59, 68, 66 and 56. In 1943 the figure was down to 54 per 1000 births—the lowest ever recorded in the City and less than half of the rate (123) which prevailed when the Child Welfare Department was set up in 1917. The number of births (7,605) was 219 higher than the previous year and the highest since 1927, but there was a sharp fall in the number of marriages, the sequence from 1939 being 5,498, 5,909, 4,882, 4,887 and 3,987. This brought the number of marriages down to about pre-war level. Deaths from all causes numbered 6,338, representing an increase of 186 over the favourable experience of the previous year.

3. **Menace of Influenza.**—In large measure the increase in the number of deaths was attributed to a sharp rise in mortality from respiratory diseases in the last three months of the year, when a rather disquieting outbreak of influenza caused 81 deaths. The outbreak was common throughout Great Britain, and although it was less severely felt in Scotland than in the south of England, it was sufficiently serious to warrant plans being made to cope with the nursing and other problems that would have arisen if the disease had assumed epidemic form. The plans included the utilization of the first-aid posts in the City as focal points for the receipt of requests for medical attention, and the procuring of home helps, rations, and household requisites for those unable through illness to obtain them.

Co-operation was arranged with the British Medical Association, the St. Andrew's Ambulance Association, the Edinburgh Youth Council, the British Red Cross Society, the Queen's Institute of District Nursing, the Women's Voluntary Services, the Burgh Insurance Committee, and the Edinburgh Chamber of Commerce. All of these could have rendered valuable service of one kind or another. A good reserve of hospital beds was of course available for the more serious cases that might be reported. The City Education Officer and the City Social Services Officer agreed to co-operate in the supplying of meals. Fortunately, the emergency organisation was not required, but the machinery is available if the need should arise, and it is a pleasure to acknowledge the willingness with which the various bodies responded to the appeal for help.

4. Infant Mortality.—Attention was specially directed to the work of the Maternity and Child Welfare Department by the publication late in the year of the Report of the Scientific Advisory Committee on Infant Mortality in Scotland, of which Sir John Boyd Orr was Chairman. The Report showed that infant mortality in Scotland compared unfavourably with that in other parts of the English-speaking world and was greater than in any other country in the west of Europe except Spain and Portugal. The Edinburgh rate has been lower than that of the other Scottish cities since 1900, and since 1925 it has consistently been lower than the rate for Scotland. Nevertheless, it was felt that further improvement in Edinburgh was still possible, and at the request of the Public Health Committee, a report was submitted with proposals designed to meet the recommendations of the Orr Committee on such matters as housing, food, clinics, maternity hospital beds, training, infant life protection and other aspects of child welfare work.

This special report, with statistical tables and graphs, is given in full at the end of the present Annual Report, and deserves the closest study. A point revealed by one of the graphs is that the neonatal mortality rate (*i.e.*, the deaths under four weeks) has not diminished in the same ratio as the mortality of children aged from one month to 12 months. This is a matter which is receiving the attention of obstetricians and pediatricians, and upon which further research is to be encouraged. The special report outlines the ideal organisation for Child Welfare and the manner in which it should be developed. The proposals relating to increased staffing, additional clinics, home helps, the provision of meals and education in mothercraft have either been adopted or are receiving active consideration. It is obvious that our Child Welfare Scheme, if developed on the lines suggested and linked up as it would be with the extended School Medical Service, has great potentialities in saving young lives and laying a foundation of health among the citizens of the future.

5. Child Welfare Activities.—Statistics about child welfare activities during 1943 emphasise the increasing degree of contact between the rising generation and our medical officers and health visitors. Ante-natal clinics, for example, received 8,250 new cases, an increase of 1,147 over the previous year. This meant that 86 per cent. of the births in Edinburgh were preceded by the attendance of the mother at an ante-natal clinic. At the clinics for health supervision and the treatment of minor ailments, 7,651 new cases were seen, of whom 5,729 were infants under one year. These figures represent an extremely valuable instalment of prevention in the best sense of the term. They are reflected also in the reduced infant mortality rate of 54 per 1000 births and in the lowering of the maternal death rate to 2·0 per 1000 births. Both of these rates are the lowest ever recorded in the City.

The provision of additional maternity beds at the Western General Hospital went some way towards meeting the heavy demand for hospital accommodation by women without help or whose home conditions were unsuitable. Still more facilities of this kind are in course of preparation at the Eastern General Hospital in a scheme which will include co-operation with the staff of the Elsie Inglis Memorial Hospital. For the care of children Victoria Park House was reopened in July, and this will be supplemented shortly by accommodation for 40 children at Willowbrae House, which was purchased primarily for use as a reception house for the supervision of contacts during any major outbreak of infectious disease that may occur but which at other times will be occupied by children, and used also as a treatment centre for skin conditions. Further accommodation for children was provided by the purchase of the mansion house and wooded estate of St. Katharine's, south of Liberton, as the nucleus of a Children's Unit which, after the war, will be developed to accommodate 600 children. Meanwhile, the house is being administered as a children's home by the City Social Services Department.

The new Domiciliary Maternity Service, begun in July, enables any woman who applies to receive medical attention in her own home, and provides for co-operation between the midwife, the doctor, and, if necessary, an obstetrician. Domiciliary services have been provided for many years by voluntary bodies in the City, and by hospitals with training schools, and the services are being continued under agreements with the Corporation which are to be reviewed when they have been in operation for a year.

6. **Wartime Nurseries.**—Altogether 27 wartime nurseries with 1,282 places are now available for children under five years of age whose mothers are engaged in war work or who are relieving persons so engaged. In four of the nurseries overnight care is provided to meet the needs of women on night shifts. That the nursery service is appreciated is apparent from the regular attendances and from the fact that waiting lists are common. The cost of the nurseries for the year 1943-44, excluding adaptations, alterations and initial equipment, amounted to £47,588, representing an average of 4s. 5½d. per child per day. Towards that sum the mothers contributed £9,639, an average of 10¾d. per child per day. The net expenditure is State-borne.

As a war measure the nurseries have justified themselves on the ground of expediency and health. Mothers have been encouraged to enter industry knowing that their children will be tended by trained nurses and that toddlers will learn to be clean, tidy, and mannerly. A visitor cannot fail to be impressed with the apparent contentedness of these nursery children. Medical supervision is maintained by doctors from the Child Welfare Department, and stress is laid on the importance of fresh air and balanced diets. For children in need of it, regular use is made of artificial sunlight from lamps installed in the various Corporation Child Welfare Centres.

7. Voluntary Health Workers.—Members of the Voluntary Health Workers' Association again co-operated in the field of child welfare by taking an active interest in the wartime nurseries and by themselves running 18 toddlers' playgrounds with 438 children on the roll. Full advantage was taken of the Government schemes for the supply of milk, fruit juices, and cod liver oil and reports by playground superintendents bear out the familiar experience that children receiving planned nourishment quickly improve in physique. The voluntary health workers made large numbers of garments for the children, and the distribution was enhanced by gifts of clothing from American sources. For all this valuable help it is right that public acknowledgment should be made.

8. School Children.—The contemplated expansion of the School Medical Service has necessarily been slow on account of the wartime difficulty of obtaining qualified personnel. It was, for example, not possible to increase the number of dental surgeons, but progress was made in securing new equipment for the two main treatment centres, and in establishing subsidiary clinics at Pennywell and the evacuation centres at Broomlee Camp and Middleton House. Equipment is also in readiness for a projected dental hut at Balgreen. Despite the staffing shortages, dental inspections and treatment were substantially increased. Similarly the oculists and aurists overtook a greater volume of work. At the two clinics and four first aid posts which specialised in treating scabies the numbers attending rose from 3,720 in 1942 to 5,177 in 1943.

These facts and figures emphasise the problem of safeguarding health and keeping children in regular attendance at school and parents could help by responding more readily than they sometimes do to advice from the school doctors and dentists. Fortunately, the call for cleanliness is receiving greater attention, the percentage of children affected with nits and vermin having dropped to 5·2 as compared with 6·7 in the previous year. There has been a progressive fall in this figure since the outbreak of war despite the fact that many mothers have had to divide their attention between home and work.

Progress was made with the Child Guidance Scheme by the appointment of a full-time psychiatrist and of a psychiatric social worker to visit the homes of "problem" children. Through the generosity of a public-spirited citizen, a detached villa in a residential area gifted to the City has been used to provide clinic premises. An attractive scheme of furnishing and decoration has made the house very suitable for its purpose and an increase in staff is shortly to be provided to cope with a problem that has become acute.

9. Infectious Diseases.—The outbreak of scarlet fever which caused abnormal notification figures in the autumn and winter of 1942 continued into the following spring. By the month of March, high figures for measles and whooping cough were also being returned, and the infectious diseases hospital at Colinton Mains had one of its peak periods in accommodating all the patients whose condition warranted removal there. In the case of scarlet fever and measles the infections were chiefly of a mild character. Indeed, the mortality among scarlet fever patients treated in the City Hospital was the lowest since the hospital was opened in 1903. Whooping cough, however, took heavier toll of young lives, there being 775 notified cases and 19 deaths, twelve of them relating to infants under one year.

Statistics about diphtheria showed improvement. For the year there were 422 cases and 15 deaths as compared with 480 cases and 31 deaths in 1942. The hospital death-rate from diphtheria, 3·31 per cent., was the lowest for twelve years. Seven cases of typhoid fever, none of them fatal, represented the lowest incidence of that disease ever recorded for the City. Cerebro-spinal fever notifications fell to 37, with seven deaths, as compared with 84 cases and 14 deaths in 1942.

10. Tuberculosis.—In the first years of the war Edinburgh's experience in the behaviour of tuberculosis was favourable compared with that of industrial areas, but the statistics for 1943 show that the City is now like other places in being faced with a serious rise in the incidence of the disease. During 1943 there were 592 notifications of pulmonary tuberculosis as compared with 501 in the previous year. This is the highest total of new cases since 1929. The increases were noted chiefly among girls and women in the 15-25 age groups, and this would appear to strengthen the view that many war workers remaining on duty for long hours and getting insufficient rest allowed their physical condition to deteriorate and so became susceptible to the tuberculosis germ. An increase in the numbers appearing under the 25 to 45 age groups is attributed to men and women being discharged from the Services suffering from tuberculosis.

The deaths from pulmonary tuberculosis numbered 321, being 32 more than in 1942, and the highest number since 1933. The Tuberculosis Officer and his staff maintained their system of detailed investigation of every case referred to them and of keeping supervision of contacts. They examined 3,673 new patients as compared with 3,215 in 1942—a record number for any one year. This is a hopeful feature of the campaign, for it is axiomatic that in early consultation lies the best chance of recovery.

To encourage workers to leave their employment and undergo an approved course of treatment, a Government scheme for the payment of maintenance allowances was begun on 14th July 1943, and up to the end of the year 91 patients had received £1,949. Another part of the scheme provides that where it is inadvisable for the patient to return to his former employment, he may receive a course of training and be directed into a suitable permanent occupation. This is known as " rehabilitation " and applies alike to ex-service and civilian patients. Still another wartime expedient for combating tuberculosis is mass radiography, by which large numbers of the population will be invited to undergo X-ray examination with the object of detecting incipient disease. A mass radiography set has been allotted to Edinburgh, and will be in operation shortly.

Notifications of non-pulmonary forms of tuberculosis fell from 183 in 1942 to 150 in 1943—the lowest ever attained. The deaths (64) were also the lowest on record. One hundred beds at Bangour Hospital were kept fully occupied by patients suffering from non-pulmonary tuberculosis, and there was also a steady demand for the 20 additional beds provided there for the treatment of pulmonary tuberculosis.

11. Venereal Diseases.—There was again an increase in the number of new patients attending the venereal diseases clinics for examination and treatment. For 1942, the applicants were 4,784 and for 1943, 5,124—an increase of 340. The number found to be infected was 2,894, as compared with 2,881 in the preceding year. It may be assumed that intensive propaganda on a national scale had some effect in sending more patients to the centres. On the other hand, the Edinburgh figures were affected by the movement of service personnel and others not normally resident in the City and by the fact that the naval authorities enlarged their own accommodation for the treatment of ratings.

The Clinical Medical Officer indicates that the defaulter rate rose slightly to 23·4 per cent., but this has not varied greatly since before the war. He also supplies details of the operation of Defence Regulation 33B, which gives compulsory powers to Medical Officers of Health for the examination and treatment of a suspected source of infection named as such by two different consorts who had become infected. In all, 165 cases were notified once and five were notified more than once. From the information thus provided it was possible to get a large proportion of the persons concerned to undergo treatment at the clinics, or to refer them to other authorities, local or service, where treatment would be provided. This result is satisfactory as far as it goes, but it does not solve the problem of the unreported and untreated source of infection. Local authorities in Scotland are accordingly asking the Secretary of State to consider the introduction of legislation to make notification and treatment of venereal disease compulsory, and at the same time to include safeguards that will preserve the anonymity of the sufferer.

12. Hospitals.—The Corporation's seven hospitals had another busy year with 22,550 admissions as compared with 20,310 in 1942. The number could readily have been greater had more nurses and domestic help been available. Recruitment for both branches of the service had become difficult owing to the attraction of higher salaries in other occupations, but the situation in that respect was improved by the introduction of new salary scales for nurses as recommended by the Taylor Committee, and for domestic employees as recommended by the Hetherington Committee. The Corporation have agreed to all the conditions recommended by these Committees, including salaries, hours of duty, holidays, sick pay, and so forth, and it is hoped that staffing problems will soon become less acute, although it will be some time before a sufficiency of trained nurses will be available. Meanwhile, the municipality makes a twofold contribution to the supply of nurses by training fever nurses at Colinton Mains Hospital—to which hospitals at Kirkcaldy and Galashiels are affiliated—and by a school for general-trained nurses at the Western General Hospital. Proposals are at present under consideration for increasing the output of trained nurses by means of a scheme which would link up Bangour Hospital with the Eastern General Hospital.

The Western General Hospital surpassed its record of the previous year by admitting 4,536 patients, in addition to 1,426 who entered the wards of the Paderewski Hospital. Considerable increases were noted in the numbers passing through the maternity and the children's sections, and in the requests for X-ray examinations and massage treatment. The turnover in the follow-up department was also considerably enlarged. There is no doubt that the hospital's varied services were greatly appreciated. Indeed, all our municipal hospitals receive letters from time to time which express gratitude and go far to encourage the staffs in their work.

With its Norwegian Unit and another special section for members of the A.T.S., the Southern General Hospital had its busiest year since the outbreak of war. The Eastern General Hospital had a good share in treating the ordinary sick, and will shortly have its interest enlarged by the formation of a maternity unit.

Admissions at Bangour Hospital increased from 4,803 in 1942 to 7,156 in 1943. This was due largely to a greater influx of civilians, including 1,228 from the waiting list of the Royal Infirmary, and 326 from the Royal Edinburgh Hospital for Sick Children. Bangour's special departments for brain injuries, plastic surgery, gynæcology, ear, nose and throat conditions, X-ray treatment and occupational therapy, all showed larger numbers of patients. In addition, 100 mental patients were received from Aberdeen in an emergency, and 700 beds were fully occupied by patients suffering from tuberculosis.

Gogarburn Hospital likewise showed increased admissions, particularly of service patients, despite the fact that the bed complement for emergency cases was reduced from 400 to 300 on account of the need for more accommodation for mental defectives. A feature deserving recognition at Gogarburn was the voluntary service of twenty ladies who acted as instructors in handicrafts and provided a wide variety of work designed to overcome boredom and restore the use of damaged limbs.

The City Hospital had a slight decrease in admissions as compared with the previous year, due to a fall in the number of cases of scarlet fever. The hospital suffered a severe loss by the death in March 1944 of Miss Mary Pool, the Matron, who received her early training in the hospital and had been its matron since 1925. As matron-in-chief to the city's hospitals, she was an able adviser on nursing and administrative problems, and an enthusiastic advocate of improved conditions for the nursing profession.

At the Royal Victoria Hospital, where early cases of pulmonary tuberculosis are under treatment, a new X-ray unit was set up, the building being erected from the proceeds of a legacy left by Miss Christina Rowe, and the cost of the installation defrayed by an anonymous donor.

13. National Health Service.—The Government's White Paper on the proposed National Health Service was welcomed for the opportunities it afforded of discussing methods by which the health agencies of the country could be co-ordinated and expanded to provide a comprehensive service that would be available to all who might wish to use it. Many interests are affected by the proposals, and it is apparently the Government's hope that a workable scheme will be evolved by intimate discussion and negotiation. With the war so much in his mind, it is doubtful if the man in the street has given much thought to the subject, and a good deal of publicity will be required after the war to enable him to form a judgment.

Meanwhile, those concerned with administration are examining points for and against the scheme. There is general acceptance of the proposal to create a Scottish service, and so far as hospitals are concerned health organisers have been thinking in terms of regionalisation for many years. How to link up the voluntary and the local authority hospitals within the various regions is a problem that can be overcome if the principle of " the greatest good to the greatest number " is borne in mind. After so much wartime improvisation, the Scottish hospital system, good as it is at the moment, should be not only co-ordinated but overhauled and brought into line with modern medical and surgical practice. A point of criticism against the proposals of the White Paper is that emphasis is laid on the reducing of ill-health and little said about the field of prevention. This omission should not be overlooked. Local authorities have proved the value of preventive measures strikingly in the past twenty years, and should be able to suggest further plans that will bear dividends in health and contentment.

14. Diphtheria Immunisation.—In keeping with our policy of the last twenty-one years, every encouragement was given to parents to have their children immunised against diphtheria, and the number protected during the year was 4,927. This included 3,422 children under 5 years of age, 1,496 between 5 and 15, and 9 over 15 years of age. Throughout the year the numbers in the pre-school age group showed an upward trend, and it is hoped that the increase will be accelerated when additional health visitors have taken up duty. General practitioners continue to give excellent support to the scheme by immunising children in their private practices, and the school medical officers do good work among school entrants. Even so, too many mothers are neglecting a duty which, if it were observed, might save their children much suffering.

15. Health and Comfort in Shelters.—The City's 651 public shelters and 2,989 domestic shelters were regularly visited throughout the year by the staff of inspectors specially appointed for the purpose. The inspectors, of whom four are women, report that in the public shelters the general high standard of cleanliness and of the amenities making for health and comfort is well maintained. In the domestic shelters progress was made in providing electric light, ventilation, water supply, seating accommodation, bunks, conveniences and stoves for drying and heating. A slight increase in the defects found was due partly to wet weather causing flooding and dampness, and partly to the carelessness and apathy of citizens who in 223 cases, roughly 6 per cent., failed to keep their shelters clean. There was also in 120 shelters evidence of malicious mischief in damaging doors, locks, stoves and electric fittings, and constant supervision was necessary.

Conclusion.—I wish to record my gratitude to the members of the Public Health and other Committees for their interest and support, and to express thanks to the various heads of Departments, Hospitals and Institutions and to all the staffs, for their loyal service throughout the year.

I have the honour to be,

My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

WILLIAM GEORGE CLARK,
M.B., Ch.B., D.P.H.(Camb.), F.R.C.P. (Edin.),
Medical Officer of Health.

SUMMARY OF STATISTICS.

	1939	1940	1941	1942	1943
No. of Marriages	5,498	5,909	4,882	4,887	3,987
,, Births	7,300	6,930	6,934	7,386	7,605
,, Deaths (all causes)	6,169	6,802	6,545	6,152	6,338
Infant Mortality Rate (deaths under 1 year per 1000 live births)	59	68	66	56	54

Principal Causes of Deaths.

	1939 No.	1940 No.	1941 No.	1942 No.	1943 No.
Heart Disease	1,530	1,548	1,596	1,455	1,528
Other Diseases of Circulatory System	187	201	183	245	220
Malignant Disease	884	891	934	972	971
Diseases of the Nervous System	733	828	817	781	893
Pneumonia (all forms)	318	400	351	272	293
Bronchitis	245	412	280	279	287
Tuberculosis (Pulmonary)	285	308	301	289	321
,, (Non-Pulmonary)	74	85	76	67	64
Diseases of Early Infancy and Malformations	238	225	218	209	224

Principal Infectious Diseases.

	1939		1940		1941		1942		1943	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Scarlet Fever	734	1	652	1	1,070	3	2,023	5	1,598	4
Diphtheria	361	29	749	61	446	28	480	31	422	15
Typhoid Fever	25	2	32	2	68	4	14	2	7	—
Cerebro-spinal Fever	23	2	326	45	194	36	84	14	37	7
Measles	678	2	2,818	13	1,123	7	2,307	10	1,723	7
Whooping Cough	1,521	41	255	8	1,365	44	135	2	775	19

TABLE showing the numbers of Births and Deaths in each ward of the City during 1943.

No.	WARD.	Area in Acres.	BIRTHS.	INFANT MORTALITY.		DEATHS.		
				Deaths.	Rate per 1000 Births.	PULMONARY TUBERCULOSIS.	*EPIDEMIC DISEASES.	ALL CAUSES.
1	Calton	228	310	21	68	14	3	252
2	Canongate	965	251	11	44	14	3	311
3	Newington	891	258	12	46	14	1	302
4	Morningside	1,358	234	16	68	4	2	345
5	Merchiston	677	265	10	38	4	1	347
6	Gorgie	676	422	24	57	31	2	335
7	Haymarket...	959	197	8	41	10	3	236
8	St. Bernard's	1,250	346	19	55	8	4	244
9	Broughton	472	300	15	50	13	5	246
10	St. Stephen's	190	269	14	52	7	3	237
11	St. Andrew's	206	141	16	113	9	5	157
12	St. Giles	266	275	27	98	15	6	260
13	Dalry	187	353	14	40	11	5	228
14	George Square	248	250	19	76	14	1	275
15	St. Leonard's	104	290	12	41	18	5	217
16	Portobello	2,200	618	41	66	20	5	482
17	South Leith	819	439	21	48	19	2	304
18	North Leith	218	251	11	44	17	4	188
19	West Leith	462	266	13	49	10	4	223
20	Central Leith	142	226	12	53	7	...	132
21	Liberton	6,339	460	20	43	17	4	215
22	Colinton	5,602	231	9	39	7	2	208
23	Corstorphine and Cramond	8,067	800	32	40	21	6	448
	Institutions	...	153	10	...	17	3	146
	Totals	32,526	7,605	407	54	321	79	6,338

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, and Diarrhœa and Enteritis under 2 years.

TABLE showing the number of Deaths (arranged in age groups) during 1943 from all causes and from certain specified causes.

		All Ages	Under 1 Year	1 and under 5 Years	Total under 5 Years	5 and under 10 Years	10 and under 15 Years	15 and under 25 Years	25 and under 35 Years	35 and under 45 Years	45 and under 55 Years	55 and under 65 Years	65 and under 75 Years	75 Years and upwards	Total above 5 Years
*Deaths from all causes	Both Sexes ...	6,338	407	97	504	42	40	147	183	317	532	1,025	1,634	1,914	5,834
	Males	3,065	250	50	300	25	19	61	86	162	301	553	857	701	2,765
	Females	3,273	157	47	204	17	21	86	97	155	231	472	777	1,213	3,069
Typhoid Fever		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles		7	4	1	5	1	...	...	...	...	...	...	1	...	2
Scarlet Fever		4	...	...	...	1	1	...	2	...	...	...	...	...	4
Whooping Cough		19	12	7	19	...	...	...	...	...	...	...	...	...	...
Diphtheria		15	2	6	8	4	2	...	...	...	...	1	...	...	7
Influenza		114	3	1	4	2	2	...	3	7	12	13	31	40	110
Erysipelas		4	...	...	...	...	...	...	...	1	...	...	2	1	4
Encephalitis Lethargica		8	...	...	...	...	...	...	1	1	4	...	...	2	8
Cerebro-Spinal Meningitis		7	2	1	3	...	1	...	...	1	1	...	1	...	4
Tuberculosis of Respiratory System ...		321	...	6	6	3	6	61	68	65	48	39	18	7	315
Tuberculous Meningitis		26	2	8	10	2	3	6	2	2	1	...	...	...	16
Tuberculosis of Intestines and Peritoneum ...		14	...	4	4	...	1	1	1	2	3	2	...	...	10
Other Tuberculous Disease		24	...	3	3	1	4	6	2	1	2	2	3	...	21
Malignant Disease		971	...	2	2	...	2	4	15	52	129	244	292	231	969
Rheumatic Fever		7	...	...	...	...	1	2	...	1	1	2	...	...	7
Meningitis, Diseases of Spinal Cord		35	9	1	10	3	...	1	2	2	3	7	4	3	25
Cerebral Hæmorrhage, etc.		781	3	...	3	...	...	3	4	10	31	134	270	326	778
Other Nervous Diseases		77	9	1	10	1	...	5	9	7	8	16	10	11	67
Heart Disease		1,528	...	...	...	3	...	14	11	43	92	247	499	619	1,528
Other Diseases of Circulatory System ...		220	...	...	...	...	...	...	1	1	11	20	68	119	220
Bronchitis		287	26	2	28	2	1	1	3	10	30	36	60	116	259
Pneumonia (all forms)		293	51	16	67	...	1	3	3	14	20	38	62	85	226
Other Diseases of Respiratory System ...		101	2	...	2	1	...	1	3	10	18	16	22	28	99
Diarrhœa and Enteritis		49	31	5	36	...	1	2	2	1	2	...	3	2	13
Appendicitis		21	...	2	2	2	2	3	1	4	4	2	1	...	19
Diseases of Liver and Gall Bladder ...		51	...	1	1	...	...	...	5	3	9	8	20	5	50
Other Diseases of Digestive System ...		146	1	3	4	3	...	1	3	10	19	40	37	29	142
Nephritis—Acute and Chronic		150	1	2	3	2	2	2	4	8	13	44	39	33	147
Other Genito-Urinary Diseases		101	2	1	3	...	...	3	2	6	2	20	32	33	98
Puerperal Sepsis		7	...	...	...	...	...	...	6	1	...	...	...	...	7
Other Diseases associated with Childbirth ...		8	...	...	...	...	...	2	3	3	...	...	...	...	8
Diseases of Early Infancy and Malformations		224	215	5	220	1	...	2	...	...	1	...	...	...	4
Violent Deaths		298	21	13	34	8	5	9	15	30	35	33	57	72	264
Old Age		102	...	...	...	...	...	...	...	...	...	...	6	96	102
All Other Causes		318	11	6	17	2	5	15	12	21	33	61	96	56	301

* Deaths due to war operations are excluded.

INFECTIOUS DISEASES.

The following Table shows the number of notifications for each month of the year 1943 :—

Disease.	Jan.	Feb.	Mar.	April.	May.	June.	July.	August.	Sept.	October.	Nov.	Dec.	Total.
Diphtheria	66	38	47	43	32	22	17	35	35	43	26	18	422
Erysipelas	15	21	14	11	16	26	14	15	18	19	21	17	207
Scarlet Fever	259	181	200	133	108	97	86	97	107	131	115	84	1,598
Typhoid Fever	...	...	...	2	...	1	2	...	1	...	1	...	7
Puerperal Fever	11	9	5	6	10	4	4	3	5	4	8	7	76
Puerperal Pyrexia	3	7	4	3	...	3	2	4	1	2	2	1	32
Cerebro-spinal Fever	5	5	2	3	3	4	1	2	3	1	4	4	37
Infective Jaundice	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, Pulmonary ...	55	52	51	46	59	60	38	54	38	46	52	41	592
Tuberculosis, other forms ...	10	12	17	19	12	16	14	14	9	10	9	8	150
Ophthalmia Neonatorum ...	5	6	7	5	4	5	5	6	7	6	4	3	63
Malaria	1	...	1	1	1	...	2	2	1	...	1	...	10
Dysentery...	6	15	14	7	21	46	23	20	23	30	124	90	419
Acute Influenzal Pneumonia ...	7	15	8	7	2	1	3	1	...	5	31	45	125
Acute Primary Pneumonia ...	41	27	20	29	19	12	15	4	16	25	36	60	304
Measles	61	126	434	510	300	152	62	26	21	23	5	3	1.723
Whooping Cough	31	39	59	120	113	130	97	54	43	31	36	22	775
Poliomyelitis	1	1	...	1	...	...	1	...	...	1	1	...	6
Polio-encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica ...	...	1	1	1	...	...	...	2	...	...	2	...	7
Totals	577	555	884	947	700	579	386	339	328	377	478	403	6.553

CITY OF EDINBURGH.

DIPHTHERIA IMMUNISATION SINCE 1923.

Year.	Number Protected.	Total Cases Notified.	Immunised Children Notified.	Fatal Cases Amongst the non-Immunised	Fatal Cases Amongst the Immunised.
1923	157	770	...	69	...
1924	3,329	720	28	73	...
1925	256	870	16	82	...
1926	1,969	552	18	43	...
1927	1,603	599	27	44	...
1928	743	629	11	30	...
1929	1,194	1,171	66	53	2
1930	1,175	1,102	24	71	...
1931	560	901	20	28	...
1932	776	662	3	27	...
1933	1,940	606	12	21	...
1934	3,362	546	13	26	1
1935	3.856	308	2	16	...
1936	2,717	374	6	26	...
1937	3,440	622	11	43	...
1938	4,038	600	31	43	1
1939	2,075	361	23	29	...
1940	1,429	749	6	61	...
1941	52,386	446	29	28	...
1942	11,065	480	74	29	2
1943	4,927	422	105	14	1
	102,997	13,490	525	856	7

TUBERCULOSIS DEPARTMENT.

ANNUAL REPORT BY THE TUBERCULOSIS OFFICER.

For many years past anti-tuberculosis work has occupied a prominent place in medico-social activities in the City, and until the advent of the present world war, there was reason for some degree of gratification at the results which had been achieved. The baleful effects of prevailing wartime conditions are, however, reflected in the deterioration which has taken place in the position of the tuberculosis problem.

In Edinburgh, the Tuberculosis Department came into being in 1913. The death rate from all forms of tuberculosis in that year was 1·9 per 1000, and in the year before the present war that figure had fallen to 0·8 per 1000—a reduction of 58 per cent. In other words, had the tuberculosis death rate of 1913 prevailed in 1938, there would have been 441 more deaths from the disease in that year.

During the past year, there has been a definite upward trend in the incidence and mortality figures. For some time it appeared that Edinburgh was to be more favoured than other large centres of population, and the deaths from pulmonary tuberculosis which had risen but little during the war years, actually reverted in 1942 to pre-war level. A careful study of the wartime statistics reveals some disquieting features and not the least of these is the continued increase in the number of notifications of pulmonary tuberculosis, especially in the female 15-25 age group.

PULMONARY TUBERCULOSIS.

Notifications.—During the past year, 592 cases were brought to the notice of the Tuberculosis Department. This figure represents an increase of 91 over the number for the preceding year, and 116 above the average for the previous five years. To find a comparable figure, we must go back to 1929, in which year 596 new cases were reported. From that date, a steady and progressive fall was maintained until 1939, when 433 cases were reported. During the past four years (1940-1943), the average number of patients reported annually has been 515.

Detailed analysis of the notifications reveals the fact that the increase is most pronounced in the young adolescent group. No fewer than 124, or 21 per cent., of the total cases reported during the year, were females between the ages of 15 and 25. There appears to be evidence to support the view that the increase in the number of cases in this age group is due to the increased stress and strain to which they are being submitted as the result of wartime conditions. Many of them are undertaking arduous and exacting duties, sometimes for long hours, in work-shops, munition factories, etc., and the continued strain results in a breakdown of their resistance to tuberculosis. This process is, unfortunately, frequently accelerated by the way in which many of them spend their leisure hours. Adequate periods of sleep and rest under proper conditions are essential if resistance to tuberculosis is to be maintained. But the hard-won periods of leisure of many young warworkers are spent, not in obtaining recuperative rest, but in crowded dance halls and cinemas. The continued indulgence of this practice so undermines the resisting powers of the body, that tuberculosis—always a great enemy of the young—at length betrays its presence by symptoms which may be, for some time, wrongly attributed to some minor ailment, and thus the victim, unaware of the seriousness of the condition, not infrequently drifts into an advanced stage of the disease before seeking medical advice.

Increases are also observed in the male and female notifications in the under 15 years group. Since 1938 the returns for this age period in both sexes have gone up by more than 100 per cent.

Another feature worthy of note is the increased number of cases in the 25-45 years group. This is unquestionably chiefly due to the number of discharged servicemen and women at this age period. Notification returns for previous years showed a downward tendency for this group. During 1943 there were 229 notifications between the ages of 25 and 45 as compared with 191 in 1942, and an average of 176 for the five years, 1938-1942.

Deaths.—An increase in the number of deaths from pulmonary tuberculosis has to be recorded for the past year. In 1943 there were 321, which represents an increase of 32 over the preceding year, and 27 above the average. Not since 1933 has such a high mortality obtained in the City. Two outstanding features emerge from a study of the table on page 16.

(1) fewer deaths in the age groups under 20 years ; and

(2) a very marked increase in the 35-45 group, particularly among females. There were 29 female deaths between the ages of 35 and 45, an increase of 12 over the 1942 figure, and 12 above the average. There are reasonable grounds for the belief that this is at least partly due to the direction of women into industry.

Deaths from pulmonary tuberculosis between the years 1934 and 1938 averaged 288, whereas the average number for the period 1939 to 1943 shows an increase to 301.

NON-PULMONARY TUBERCULOSIS.

A very gratifying feature which is worthy of comment is the improvement which falls to be recorded in this group. Both the number of notifications and the number of deaths for the past year are the lowest ever to be recorded for the City in a single year.

Notifications.—There were 150 cases of non-pulmonary tuberculosis reported—the lowest ever attained—as compared with 183 in 1942. The following table shows the numbers of notifications arranged in quinquennial averages from 1928 to 1943 :—

Year.	Notifications.
1928-32	297
1933-37	245
1938-42	190
1943	150

Deaths.—The number of deaths, too—64—was the lowest ever recorded in a single year. There were 67 in 1942, 76 in 1941 and 85 in 1940. The average for the five years preceding the war was 74. Tuberculous meningitis accounted for 26 of the deaths, representing approximately 41 per cent. of the total.

PULMONARY TUBERCULOSIS NOTIFICATIONS.

Year.	Under 15 years.		15-20 years.		20-25 years.		25-35 years.		35-45 years.		45-55 years.		55-65 years.		65 + years.		TOTALS.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Males.	Females.	TOTAL.
1933 ...	18	30	30	25	41	39	68	63	54	47	58	13	26	21	14	6	309	244	553
1934 ...	20	22	15	31	39	47	81	72	44	29	50	20	34	20	7	5	290	246	536
1935 ...	18	19	15	26	22	40	58	52	41	23	37	18	33	12	15	8	239	198	437
1936 ...	7	10	23	36	37	52	55	62	39	23	48	19	36	12	13	21	258	235	493
1937 ...	20	17	26	47	47	43	52	45	50	35	34	23	21	10	11	6	261	226	487
Average 1933-37	17	20	22	33	37	44	63	59	46	31	45	19	30	15	12	9	271	230	501
1938 ...	12	14	26	39	31	45	58	53	46	29	44	12	28	16	14	9	259	217	476
1939 ...	12	18	28	47	26	32	50	44	30	21	43	20	24	14	14	10	227	206	433
1940 ...	14	13	40	50	25	45	45	62	56	22	41	13	25	15	19	4	265	224	489
1941 ...	20	28	39	53	21	27	40	62	46	26	39	19	26	9	17	7	248	231	479
1942 ...	25	17	51	36	24	51	55	59	53	24	33	8	34	12	9	10	284	217	501
Average 1938-42	17	18	37	45	25	40	50	56	46	24	40	14	27	13	15	8	257	219	476
1943 ...	**26**	**32**	**39**	**66**	**24**	**58**	**56**	**64**	**68**	**41**	**43**	**12**	**34**	**10**	**13**	**6**	**303**	**289**	**592**

PULMONARY TUBERCULOSIS DEATHS.

Year.	Under 15 years.		15-20 years.		20-25 years.		25-35 years.		35-45 years.		45-55 years.		55-65 years.		65 + years.		TOTALS.		
	M.	F.	M.	F.	M.	F.	M.	F	M.	F.	M.	F.	M.	F.	M.	F.	Males.	Females.	TOTAL.
1933 ...	2	10	9	11	15	26	50	34	36	19	38	16	22	13	13	8	185	137	322
1934 ...	7	11	5	11	11	20	42	37	30	20	39	11	26	15	10	7	170	132	302
1935 ...	7	6	4	8	9	15	28	32	31	19	30	16	26	12	16	6	151	114	265
1936 ...	1	5	11	9	15	21	26	30	26	20	40	13	28	9	17	16	164	123	287
1937 ...	2	8	10	22	19	25	33	46	28	16	22	11	30	13	8	7	152	148	300
Average 1933-37	4	8	8	12	14	21	36	36	30	19	34	13	26	12	13	9	164	131	295
1938 ...	7	3	12	23	17	29	33	28	23	22	37	3	21	10	13	5	163	123	286
1939 ...	4	4	7	14	15	21	21	30	33	19	41	18	25	9	17	7	163	122	285
1940 ...	5	8	11	22	8	21	31	41	37	12	30	16	24	13	20	9	166	142	308
1941 ...	3	7	9	16	10	34	31	38	31	15	27	17	31	10	18	4	160	141	301
1942 ...	5	5	19	22	11	32	20	41	28	17	25	7	28	11	13	14	140	149	289
Average 1938-42	5	5	12	19	12	27	27	36	30	17	32	12	26	11	16	8	158	136	294
1943 ...	**6**	**9**	**10**	**16**	**8**	**27**	**31**	**37**	**36**	**29**	**36**	**12**	**31**	**8**	**16**	**9**	**174**	**147**	**321**

INSTITUTIONAL TREATMENT.

Royal Victoria Hospital.—The following table shows that the accommodation at the Royal Victoria Hospital was much in demand and that 179 patients were treated during the year. The number of cases in which artificial pneumothorax was induced was 32—13 males and 19 females.

	Remained at 1st January.	Admitted.	Discharged.	Died.	Remaining at 31st December.
Men	30	56	50	...	36
Women ...	29	49	43	1	34
Children ...	9	6	11	1	3
Totals ...	68	111	104	2	73

Examination of Nursing Personnel.—Although no case of tuberculosis has been known to occur in the nursing personnel of the Royal Victoria Hospital, arrangements were made during the year, in accordance with official advice from the Department of Health for Scotland, to submit all new recruits to the nursing staff to tuberculin tests and X-ray examination of the chest. This is a precautionary measure which prevents the recruitment of a member who may have symptomless lung tuberculosis and it also eliminates those who would incur a serious risk of contracting the disease by nursing active cases of lung tubercle.

Government Interim Scheme for the Training and Re-settlement of Disabled Persons.—In a certain number of cases it is inadvisable for a patient, on satisfactorily completing his course of sanatorium treatment, to return to his former occupation, which might engender, sooner or later a relapse in his disease. By means of this Scheme, a patient, on discharge, is directed into suitable conditions of employment after adequate training has been given. Reports on cases which are regarded as eligible are sent by the Tuberculosis Officer to the Disablement Rehabilitation Officer at the Ministry of Labour and National Service, and the candidates are interviewed by him and placed in appropriate training centres. When the course of training is completed to the satisfaction of the Ministry of Labour, the candidate is then placed in permanent employment. The type of patient treated at the Royal Victoria Hospital is eminently suitable to enjoy the far-reaching benefits of this Government measure. The advantages of this Scheme are available alike to ex-service and civil patients.

Colinton Mains Hospital.—There were 371 cases of pulmonary tuberculosis admitted to the City Hospital during the year and these together with the 167 which remained at the end of 1942, made a total of 538 patients who received treatment. The table shows the number of patients dealt with :—

	Remained at 1st January.	Admitted.	Discharged.	Died.	Remaining at 31st December.
Men	100	219	133	82	104
Women ...	66	141	96	42	69
Children ...	1	11	4	2	6
Totals ...	167	371	233	126	179

Bangour Hospital.—In April 1943, twenty beds were set aside at Bangour Hospital for the reception of female cases of pulmonary tuberculosis. These became gradually filled and have been kept occupied since.

There were 153 cases of surgical tuberculosis treated during the year and the following table shows the number of patients dealt with :—

	Remained at 1st January.	Admitted.	Discharged.	Died.	Remaining at 31st December.
Men	24	16	18	2	20
Women ...	33	12	21	1	23
Children ...	43	25	21	1	46
Totals ...	100	53	60	4	89

TUBERCULOSIS DISPENSARIES.

The past year constituted a record at the Royal Victoria Dispensary, for no less than, 3,262 new cases were referred for examination. This is a very gratifying feature of the anti-tuberculosis activities, for it is only by detailed examination that the early cases can be unmasked and applied treatment, when such measures are most likely to meet with permanent success. The public should be taught to appreciate the fact that they should submit themselves at intervals to detailed examination for the possible presence of lung tuberculosis—if no disease is present, no harm has been done ; and if disease is detected, the sooner it is treated, the better the chance of recovery.

The number of " old " cases attending at both the Royal Victoria and Leith Dispensaries has increased—13,434 reported back to the Royal Victoria Dispensary during 1943 as compared with 11,874 in 1942, and 2,038 at Leith, as compared with 1,936 in the previous year.

The following table shows the attendances of old and new cases at the Edinburgh and Leith dispensaries during the past five years :—

	Old Cases.		New Cases.	
	Edinburgh.	Leith.	Edinburgh.	Leith.
1939	9,406	1,579	2,332	367
1940	8,252	1,540	2,516	443
1941	10,984	1,689	2,550	416
1942	11,874	1,936	2,901	314
1943	13,434	2,038	3,262	411

Home Visitation.—During the year 12,885 visits were made to patients' homes by the medical and nursing staffs. The following table shows the number of visits during the past five years :—

1939	11,279
1940	11,357
1941	12,719
1942	12,715
1943	12,885

MAINTENANCE ALLOWANCES.

It is a well-known fact that the earlier the presence of pulmonary tuberculosis is detected, and the sooner appropriate remedial efforts are undertaken, the greater are the chances of complete cure.

In many cases the onset of consumption, especially in the bread-winner, gives rise to a serious financial crisis in the home. Unfortunately, in the present stage of medical knowledge, the adequate treatment of pulmonary tuberculosis is in most instances a long and slow process. There is no royal road back to health ; no short cuts to complete recovery ; no " cure while you wait." The prospects of a stay, perhaps of several months, in a sanatorium are viewed by the patient with extreme reluctance as he dreads the prospects of hardship and perhaps poverty to which his dependants will be submitted as a result of him having to give up work in order to undergo the necessary treatment. Many patients for this reason alone have sacrificed their chances of recovery by continuing at work in order to maintain their dependants.

To prevent the occurrence of such grim tragedies, the Government instituted a scheme of maintenance allowances which enable the patient, whilst he still offers a prospect of recovery, to undergo the necessary period of treatment with the assurance that, during his enforced absence from work, his dependants will not experience financial hardship or anxiety. The details of this scheme are contained in a memorandum which was issued by the Department of Health for Scotland (D.H.S. No. 36A/1943).

The benefits of this scheme are, meantime, only applicable to certain types of pulmonary tuberculosis and are conditional on the patient undergoing the prescribed form of treatment, either at home or in an institution. Briefly the allowances payable under the scheme are of three varieties :—

(1) Maintenance allowances to be paid where the applicant is a householder or has dependants.

(2) Discretionary allowances paid only on special application and only on proof of need. Such allowances assist in the payment of rent and rates, hire purchase expenses, life assurance premiums, expenses of education of children, etc. Under this heading, the total amount payable is ordinarily limited to 10s. weekly.

(3) Special payments.—These are additional grants made payable when the authority is satisfied that the patient's liability cannot be met without help and include—
  (*a*) help, in certain circumstances, towards travelling expenses incurred in visiting the patient in hospital ;
  (*b*) assistance in expenditure involved in obtaining outside domestic help, where the person undergoing treatment is a wife ;
  (*c*) a special payment to the patient without dependants.

All expenditure incurred by the authority in making the payments under this scheme is repaid from the Exchequer.

The Scheme was instituted in Edinburgh on 14th July 1943. From that date and until 31st December 1943, 209 applications for allowances were received. Of these applications, 75 were refused on medical grounds and 43 were refused on assessment. The amounts paid to the applicants varied with the special circumstances of each case. The highest weekly amount paid was £4, 0s. 6d. and the total amount of allowances paid was £1,949, 5s. 9d.

Acknowledgments.—It is alike a duty and privilege to acknowledge with deep gratitude the unfailing generous and loyal help and support which I have at all times received from all the members of the Tuberculosis staff in undertaking the increasing duties of the Department.

CHILD WELFARE DEPARTMENT.

Statistics for the Year 1943.

Births (Notified)		9,569
(Corrected for transfers)		7,605
Infant Mortality Rate (per 1000 births)		54
Maternal Deaths (2·0 per 1000 births—lowest on record.)		15
No. of Deaths of Children under 5 years		504
No. of Child Welfare Centres at which various Clinics are held		20

Health Supervision and Minor Ailments.

No. of Clinics held		1,961
No. of New Cases seen (under 1 year)	5,729	
Do. (over 1 year)	1,922	
	7,651	
No. of Revisits (under 1 year)	34,304	
Do. (over 1 year)	14,929	
	49,233	
Total No. of Cases seen (under 1 year)	40,033	
Do. (over 1 year)	16,851	
		56,884

Ultra-Violet Ray.

No. of Clinics held		667
No. of New Cases seen (under 1 year)	209	
Do. (over 1 year)	703	
	912	
No. of Revisits (under 1 year)	1,637	
Do. (over 1 year)	8,786	
	10,423	
Total No. of Cases seen (under 1 year)	1,846	
Do. (over 1 year)	9,489	
		11.335

Rheumatic.

No. of Clinics held		52
No. of New Cases seen	76	
No. of Revisits	290	
		366

Ante-Natal.

No. of Clinics held		1,151
No. of New Cases seen	8,250	
No. of Revisits	42,118	
		50,368
No. of Post-natal Cases		3,312

Home Visits to Mothers and Children.

	1st Visits.		Subsequent Visits.		Ante-natal.	
	—1 yr.	+ 1 yr.	—1 yr.	+1 yr.	1st.	Sub.
By Health Visitors	5,297	535	10,440	20,542	1,065	476
,, Students	520	197	1,502	4,574	99	160
	5,817	732	11,942	25,116	1,164	636
	6,549		37,058		1,800	
	43,607					

MOTHERCRAFT CLASSES.

Schoolgirls receiving practical instruction in the washing and feeding of babies at Lochend Wartime Nursery.

Photograph by courtesy of " Scotsman " Publications, Ltd.

Children's Home. Willowbrae House.
with facilities for the treatment of skin conditions, and capable of being converted into a Reception House during a major outbreak of disease.

Photograph by courtesy of "Scotsman" Publications, Ltd.

DEPARTMENT OF VENEREAL DISEASES.

CLINICAL OFFICER'S REPORT FOR THE YEAR 1943.

The statistical returns for 1943 show an increase in the number of new patients, the 1943 total being 5,124 as against 4,784, an increase of 340.

Of the new patients examined, the number found to be infected was 2,894, a slight increase on the figure 2,881 recorded in 1942. The details of the 1943 infections are given in tabular form and for comparison are followed by the figures for 1942, the latter being in brackets :—

Syphilis	1,066	(1,082)	36·9 (37·6)	per cent.
Gonorrhœa	994	(1,113)	34·4 (38·6)	,,
Chancroid	28	(36)	·8 (1·3)	,,
Non-specific venereal disease ...	806	(650)	27·8 (22·5)	,,

The patients admitted to hospital numbered 1,278 as against 1,406 in 1942. The out-patient attendances have decreased to 73,952 as compared with 78,828 in 1942.

War Conditions.—The total (1,066) of new cases of syphilis has not changed appreciably from the total (1,082) recorded in 1942, but the distribution of the numbers as between men and women does differ materially in the two years under consideration, there being in 1943 a significant drop in the number of male cases and a significant rise in the female cases.

Total New Cases of Syphilis.

Year.	Males.	Females.	Total.
1938	342	360	702
1939	321	423	744
1940	328	384	712
1941	550	362	912
1942	690	392	1,082
1943	598	468	1,066

A further analysis of the patients suffering from syphilis shows the distribution of the cases to be as follows :—

Year.	Early Syphilis.		Syphilis under Treatment.		Later stages of Syphilis.		Congenital Syphilis.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Women & Children
1938 ...	94	30	80	45	145	136	23	149
1939 ...	137	62	50	84	117	123	17	154
1940 ...	142	88	50	42	125	122	11	132
1941 ...	345	87	78	47	106	104	21	124
1942 ...	445	183	107	42	110	73	28	94
1943 ...	313	196	174	66	97	79	14	127

From this analysis of the syphilis cases the following deductions may be made. While the numbers of cases of " early syphilis " in both men and women remain very high in 1943 in comparison with the pre-war year 1938, yet the increase in the incidence is not now rapidly progressive : indeed, the male early cases have decreased sharply, while the female early cases have increased a little. Among reasons which may be adduced for the apparent diminution in early syphilis in men are such factors as diminished maritime activity in this area ; the lessening in the numbers of naval ratings received consequent upon the provision by the naval authorities of enlarged accommodation ; and the transference away from this area of certain collections of men from tropical countries.

The column allotted to " syphilis under treatment " records an increase in both the male and female cases, this increase being large for the males and small for the females. The column dealing with " later stages of syphilis " shows on the whole a progressive decline in these cases of old-standing both as regards men and women, and this observation surely reflects the success of routine early-treatment schedules in achieving complete cure and so eliminating manifestations of the later stages.

Similarly the gratifying absence of any increase in " congenital syphilis," especially in the presence of a great wartime increase in early syphilis cases, may be ascribed to the efficiency of routine diagnostic and therapeutic procedure : indeed it is noteworthy that the 1943 figures are particularly low. This low congenital syphilis rate, especially under conditions when an increase might be expected, serves to emphasize the value of the Wassermann and Kahn blood-testing of expectant mothers, which during the war years has been routine practice in the antenatal section of the Royal Infirmary maternity department.

During 1943, the number of expectant mothers blood-tested was 3,049 and of these 159 were found to require treatment for syphilis and were given such treatment. This routine blood-testing, which acts as a drag-net in bringing to light unrecognised cases of latent syphilis, should undoubtedly be extended to include all the other antenatal clinics in the City. In view of the importance of protecting the coming generation, in the present circumstances of a serious rise in transmissible syphilis, it is suggested that timely provision of these extended facilities should be made.

Turning now to gonorrhœa, the table showing the incidence in the pre-war and war years presents a most illuminating record.

New Cases of Gonorrhœa.

Year.	Males.	Females.	Total.
1938	780	288	1,008
1939	561	242	803
1940	609	205	814
1941	803	284	1,187
1942	835	278	1,113
1943	688	306	994

This table shows that the anomalous situation foreshadowed in the 1942 report has indeed been reached in that the new cases of gonorrhœa (994) received in the clinics are actually now fewer than the new cases of syphilis (1,066). This situation in the clinics is strikingly different from the position recorded where all cases of venereal disease are notified: in the latter instances gonorrhœa is found to be at least three times commoner than syphilis. Thus, on the bases of the apparently justifiable assumption that gonorrhœa is much more prevalent than syphilis, it is apparent that the tendency is growing more and more for gonorrhœa cases to receive treatment outside the clinics—a tendency attributable to the simplification of treatment achieved by the sulphonamides. It may now be opportune to express the hope that full use will continue to be made of the bacteriological, serological, and other special facilities afforded by the clinics so that every case of gonorrhœa may receive adequate tests of cure.

The next table shows for the last six years the annual fluctuations in the defaulter rate, that is in the numbers of patients who cease to attend before their treatment and period of testing and observation has been completed.

Defaulters.

Year.	Number.	Per Cent.
1938	528	23·5
1939	539	24·3
1940	393	23·9
1941	397	19·8
1942	376	20·8
1943	404	23·4

While the variations in the defaulter rate recorded in this table have been comparatively small, and the numbers show little tendency to rise, yet there is no room for complacency in face of the disturbing fact that still nearly a quarter of the patients default. The female defaulters, women and children, are efficiently dealt with by the follow-up service of the nurse-almoner. The male defaulters are also actively followed-up, although with them domiciliary visitation is not usually practised. A considerable proportion of the men in default are induced to return to the clinics, but changes of address, leaving no evidence of the new whereabouts, frequently frustrate any attempt to secure contact and resumption of attendance. Power to require the production of the patient's national registration card was suggested in the annual report of 1940, but, so far, this suggestion has not been implemented.

During 1943 the total number of patients under treatment was 7,119: during the year, 404 patients defaulted, 1,283 were transferred to other centres for continuation of treatment, 3,511 were discharged and 34 died, thus leaving at the end of the year 1,887 patients still under observation and treatment.

Combating Spread of Infection.—Under this heading the most outstanding new feature has been the operation of the new wartime measures for control.

Defence Regulation 33B.—As the provisions of this much-abused piece of emergency legislation were suggested as feasible by the clinical officer in his report for 1940, two years before the regulation was promulgated, it might be anticipated that the procedure laid down would certainly in Edinburgh receive active and whole-hearted support, not only in the letter but in the spirit. The following summary of the year's working of Regulation 33B would seem to demonstrate that its many harsh critics have not been vindicated in the event, and that those who condemn it as an out-and-out failure do scant justice to the considerable measure of success which has attended the energetic follow-up operations conducted in this area.

Defence Regulation 33B.

Number of cases notified once only	165
Number of cases notified more than once	5
Total number of cases notified	170
Total notifications received	178

Action taken on Cases notified once.

Number reporting to Clinics	80
Number referred to Army Authorities	25
Number referred to Naval Authorities	4
Number referred to Local Authorities	18
Number who could not be traced	34
Number who refused examination	4
Total	165

Action taken on Cases notified more than once.

1 case notified 4 times	Referred to Army Authorities.
1 case notified 3 times	Reported to Clinic on being asked to do so.
1 case notified twice	Form 2 had to be completed before patient would report.
1 case notified twice	Reported to Clinic on being asked to do so.
1 case notified twice	Cannot be traced.

The essential criterion of the success of any measure aimed at securing further control lies in the answer to the question, " Does this measure bring in more cases to the clinics ? " The figures set out above show that here in Edinburgh the answer to that question, as far as Regulation 33B is concerned, is an emphatic " Yes." During the year, no fewer than 83 persons, most of whom had no suspicion that they were actively spreading venereal infection, were contacted, tactfully interviewed and induced to report to the clinics, and, on examination, of the 83 persons who reported, 64 or 77 per cent. were found to have active infectious disease. Of the remainder, who were not found to have active disease, all had had promiscuous intercourse and had therefore risked exposure to infection and required examination. From the public health standpoint of protective hygienic practice for safeguarding the health and working efficiency of a community, is it not of the utmost importance that 64 cases of highly communicable and dangerous disease have been detected and brought under effective treatment ?

In addition to the operating of Regulation 33B, the contacts of cases of proved infection were systematically ascertained and brought into the clinics for examination and treatment, in pursuit of the policy which has been regularly in operation as a matter of routine procedure for many years. In this way, many wives and husbands and other consorts have been interviewed, examined and put under treatment throughout the year.

Clinical Investigations.—In dealing with cases of early syphilis, continued trial was made of methods of intensifying and so shortening the treatment. Such speeding-up of therapy is especially appropriate for merchant-navy seamen. In 51 cases, the method adopted was an 8-day schedule combining intensive arsenotherapy, consisting of twice daily full doses of mapharside, with fever induced by electropyrexia, or by intravenous B. Coli vaccine. Only 4 per cent. of the cases were not kept under observation for longer than three months and apparent cure was achieved in 96 per cent. Under this intensive regime there was a relatively high incidence of jaundice.

The important and successful work with the Inductotherm fever cabinet was interrupted in June owing to a breakdown of the main power valve. Repeated endeavours were made to obtain a replacement valve, but for the rest of the year these efforts were unsuccessful and the electropyrexia, so successful in sulphonamide-resistant gonorrhœa, in gonococcal arthritis and in neurosyphilis, remained perforce in abeyance. The following is a summary of the cases treated with electropyrexia from the inception of the fever cabinet in 1940 up to June 1943 :—neurosyphilis, 32 cases ; congenital syphilis with interstitial keratitis, 5 cases ; sulphonamide-resistant gonorrhœa, 104 cases with 94 per cent. of cures ; gonococcal arthritis, 22 cases ; miscellaneous (arthritis, iritis, etc.), 8 cases ; total, 171 cases.

The clinical officer wishes to record his appreciation of the energetic co-operation and active support of his medical colleagues and of the members of the nursing, clerical and almoner staffs.

SCHOOL MEDICAL SERVICE.

REPORT BY THE SCHOOL MEDICAL OFFICER.

The chief points of interest in the Service for children of school age are summarised below.

A full-time Psychiatrist, attached to the School Medical Service, took up duties on 1st December 1942, to co-operate with the Education Psychologist in Child Guidance work, and a Psychiatric Social Worker commenced work on 15th August 1943.

In the Dental Section much new equipment has been provided. The dental clinics at Lauriston and Leith have been re-equipped, and a new clinic at Pennywell established, as well as dental surgeries at Middleton House and Broomlee Camp. Complete equipment has also been obtained for the projected dental hut at Balgreen, while moveable equipment has been provided for treatment of small distant schools.

The first Dental Attendant has been appointed to take the place of a State Registered Nurse.

Contrary to expectation the cleanliness figures showed further improvement despite the increased number of mothers in employment. The percentage figures of nits and vermin for the four sessions from 1939 are :—18·7, 8·1, 6·7 and 5·2.

The number of scabies cases treated at the four First-Aid Posts and two Clinic Treatment Centres during the year, to 31st December, was 5,177, making 37,900 attendances.

Cleanliness.—It was anticipated that there would be an increase in the percentage of unclean children due to the number of mothers entering industry. This has not proved to be the case as the following figures show.

	Inspections.	Nits and Vermin. Per cent.
1939-40 ...	97,841	18·7
1940-41 ...	63,469	8·1
1941-42 ...	66,567	6·7
1942-43 ...	62,496	5·2

Fitness.—The standard of fitness introduced during inspections for evacuation in 1939-40 has been retained in subsequent years and comparisons show that improvement in the physical condition of school children as revealed by examination has been continued. Children with " slight defect " could be rendered " fit " in a few hours, and those with " marked defect " would require to remain in a hostel for some days or be subject to a special evacuation arrangement.

	1940-41	1941-42	1942-43
Examinations	39,720	40,151	28,128
Fit	70·6 per cent.	75·1 per cent.	79·2 per cent.
Slight Defect	21·3 ,,	18·8 ,,	16·2 ,,
Marked Defect	8·0 ,,	5·9 ,,	4·5 ,,

Scabies.—During the twelve months ended 31st December 1943, the total number of cases treated at the six centres was 5,177, making 37,900 attendances.

The age-distribution of the cases was :—

0-5 years	607
5-15 ,, ...	3,504
Over 15 ,, ...	1,066
Total ...	5,177

During the same period, 3,602 children were reported as being absent from school because of scabies, so that 97·3 per cent. of the children availed themselves of clinic facilities for treatment.

Clinically, it is of interest to note that the severe degree of complicating sepsis, seen in former years, has almost disappeared, but more cases have been seen of sulphur dermatitis with uncured scabies due to vigorous and undirected home treatment.

Co-operation of Teaching Staff.—I would again record my appreciation of the great assistance given in medical matters by teaching staff.

SUMMARY OF STATISTICS.

MEDICAL INSPECTION AND TREATMENT.

Routine (age groups) Inspections		14,640
Special Inspections—		
In Schools	18,941	
In Classrooms	21,067	
In Clinics (Doctors)	6,197	
In Clinics (Nurses)	30,975	
In Clinics (Scabies)	25,670	
For Vision and Hearing (7 year olds)	3,786	
Evacuation	1,480	
		108,116
		122,756

Called for examination	2,113	
Failed to appear	633	
Examined	1,480	(Passed 1,124: deferred 356).

Diphtheria Immunisation 1,120

Cleanliness of Children.

Percentage incidence of Nits and Vermin.

	1940-41		1941-42		1942-43	
	Exd.	Per Cent.	Exd.	Per Cent.	Exd.	Per Cent.
Routine examinations ...	15,234	8·8	14,673	8·0	14,640	6·5
Special cases in Schools ...	8,515	5·0	11,673	4·3	19,728	4·1
Class exams., M.Os.	2,610	16·7	9,795	10·4	5,869	6·8
,, ,, Nurses ...	28,021	3·4	22,425	6·5	15,198	5·7
12 Selected Schools	6,729	27·2	—	—	—	—
Holidays (Dining Centres) ...	2,360	6·7	8,001	4·1	7,061	3·0
	63,469	8·1	66,567	6·7	62,496	5·2

Neglected Children.—15 warning notices were served upon parents in connection with various forms of alleged neglect of their children.

Home Visits by Nurses	879

Defective Children—

No. of children examined by Medical Psychologist :—

For admission to Special Schools	154
Backward	7
Dull	206
For further consideration	37
Ineducable	36
Total number examined	440

No. of children resident in the following Institutions :—

Blind—	
Royal Blind School	21 (Boys, 11 ; Girls, 10)
Deaf—	
Donaldson's School	37 (Boys, 17 ; Girls, 20)
Deaf and Blind—	
St. Vincent's R.C. School	7 (Boys, 5 ; Girls, 2)
Epileptic—	
Colony for Epileptics	1 (Boy)
Mental Defectives—	
St. Joseph's R.C. Institution	6 (Boys, 5 ; Girls, 1)
Gogarburn Institution	16 (Boys, 8 : Girls, 8)
Larbert Institution	1 (Boy)
Lennox Castle	15 (Boys)
Psychological Residential School—	
Rudolph Steiner	1 (Boy)
Total	105

20 Adults (16 Men and 4 Women) are Resident Trainees in the Royal Blind Asylum.

Examinations by Specialists—

Oculists	2,309 (glasses prescribed in 1,611 instances)
Aurists	1,659 (1,098 recommended for operation)
Skin	90

Inspections and Treatment by Dentists—

Dental Clinics :	
Inspected	23,012
Treatment offered	15,401
Accepted	7,964 (10,273 attendances)
Defaulted	3,286
Emergencies	1,428 (2,559 attendances)
At Camps, etc :	
Inspected	1,593 (treated 744)

Child Guidance—

Cases referred to Psychiatrist	233

Infectious Diseases—

Absences from School due to Infectious Disease	12,880 (of which 2,314 were contacts).

Court Cases—

Number examined	187

EVACUATION.

Total number of Edinburgh Children in reception areas—

December 1940	4,500
December 1941	3,700
June 1942	3,268
July 1943	1,905

Number of unaccompanied children evacuated during the session (this includes 87 sent to Middleton and 81 sent to Broomlee)	628
Number of mothers with children evacuated during session	34
Number of children accompanied by their mothers evacuated during session	78

(These figures include 2 mothers and 5 children evacuated to Eire).

Number of children from other Evacuation Areas billeted in Edinburgh—

(*a*) Of school age	46
(*b*) Below school age	45
	91

P.D. and M.D. Children evacuated—

Humbie	48	(P.D.)
Middleton House	45	(P.D.)
Springwood Park	23	(18 P.D.; 5 Myopes)
Cowdenknowes	21	(P.D.)
Smeaton House	43	(M.D.)
	180	

Diabetic Children.—Through the kindness of the Renfrewshire authorities, five diabetic children have been evacuated to Wiston Lodge and are included in the Renfrewshire Diabetic Scheme.

Spectacles—

Spectacles provided by Education Authority—1,253 pairs (68 pairs provided free; 1,185 paid for by parents).

Meals and Milk—

Meals to 15/5/43	2,014,991	
Average cost per meal	8·8d.	(4·4d. food; 4·4d. Admin.)
Gross cost	£74,200	
Net cost	£57,600	
Applications for free meals	1,319	applications by parents or guardians.
Applications granted	969	
Milk: On payment of ½d.	10,046,320	(one-third pint bottles)
Free	144	

CITY HOSPITAL FOR INFECTIOUS DISEASES.

REPORT BY THE MEDICAL SUPERINTENDENT.

In 1943, 4,432 patients were admitted to the City Hospital, 371 of these suffering from tuberculosis. Forty-seven fever patients were admitted at the request of adjacent local authorities, and 295 were Service patients. The highest number in hospital on any one day was 582 on 13th February and the lowest 400 on 22nd August, the daily average number under treatment being 468. The detailed figures for the various diseases do not indicate any special epidemic prevalence except in the case of bacillary dysentery which, with 392 admissions, showed a marked advance on the average of 138·8 for 1938-42 inclusive. In spite of the recent emphasis placed on diphtheria immunisation 424 proved cases of that disease came into the wards but we had the satisfaction of recording the lowest fatality rate, 3·31 per cent., experienced since 1931. As usual scarlet fever continues to be responsible for the greatest number of our admissions, and while a reduction of over 300 was found compared with 1942, at 1,202 the total still remains high. It is noteworthy that the case fatality in scarlet fever, 0·02, was the lowest ever noted since the hospital was opened. Cerebro-spinal fever showed a welcome regression to what might almost be regarded as a normal admission rate of 35 cases, whilst the case fatality of 11·43 per cent. is the lowest since the introduction of the sulphonamide drugs. One general reflection on the subject of admissions to hospital is prompted by the observation that during the year we were asked to take in a number of patients suffering from, or suspected to be suffering from, infectious disease, who in ordinary circumstances would have been tended in their own homes. This has arisen from the fact that with mothers doing war work and the virtual impossibility of obtaining domestic assistance or private nurses, the great majority of acutely ill patients cannot be cared for satisfactorily in their own homes.

Retirement of the Matron.—To the profound regret of all connected with the hospital Miss M. Pool, R.R.C., found it necessary to resign from her post on 15th May for health reasons. This was the most important domestic event of the year as Miss Pool, appointed Matron in 1925, had a connection with the hospital dating back to its opening in 1903, and indeed was the last remaining member of the staff who had worked in the old Fever Hospital in High School Yards. She was known therefore to generations of doctors and nurses trained at the City Hospital and the news of her death in Ireland coming as this report was being compiled, was received with great sorrow. With interruptions due to the 1914-18 war when she was on active service, and for a period as Matron in the Deaf and Dumb School, she spent her whole life in the service of the Corporation to whom she was always the most loyal of servants. Her whole existence was bound up with the City Hospital and with the improvement of the status of the fever nurse, in the cause of the latter spending many long and arduous hours of her scanty leisure.

Administration.—The restrictions and shortages incidental to our wartime economy have become so familiar that they have almost become part of our ordinary routine. The demands of government departments for returns on almost every conceivable hospital activity do not however reach finality, and these continue to increase our purely administrative duties. In spite of much form filling and representation, the Ministry of Labour has failed to produce a scheme which provides even an approximate solution to the domestic staff problem. Much has been made of the employment of part-time workers, but in a hospital which must ensure a twenty-four hours service every day, the usefulness of such workers is limited, more particularly as their availability, in our experience, is restricted to the less strenuous part of the working day. As in previous war years much of the burden caused by deficiencies in domestic staff has been uncomplainingly shouldered by the nursing staff. A sufficient recruitment of the latter has been maintained and it is too early to state what effect the recommendations of the Taylor Committee will have. These were put into effect on 1st April, as far as salaries were concerned, but owing to shortage of staff accommodation it has not been possible to reduce working hours to the required standard. This matter will require consideration immediately the war is finished as at present patients' accommodation requires to be utilised for our own staff and some of the staff of the Southern General Hospital, a most undesirable expedient.

Medical Instruction.—Two hundred and seven undergraduate students attended demonstrations in acute infectious diseases at the hospital, these being divided into five sections involving approximately 85 hours teaching. Arrangements were also again made for students from the Polish Medical School to visit the hospital for instruction by their own teachers. As a result of the request made by the Government that courses of instruction for the Diploma in Public Health should be abandoned for the duration of the war, we had no D.P.H. students in 1943.

Training of Nurses.—Of 43 nurses completing their training during the year, 40 were granted State Registration as fever nurses after examination. In addition, 6 nurses from Kirkcaldy Hospital, which is affiliated to us, completed one year's training and passed the State Examination ; 2 nurses from Sanderson Hospital, Galashiels, also affiliated to us, completed two years and passed the State Examination, and five general trained nurses obtained certificates after one year's training. Three nurses left on marriage, 1 joined the Civil Nursing Reserve, and 3 went to other isolation hospitals as staff nurses. As usual a high proportion of our nurses (33) passed on to general training schools for further training.

Acknowledgments.—Once more I have great pleasure in acknowledging the continued support given by everyone. Dr. Scott Forrest, the senior assistant medical officer, has been a most efficient deputy, while under Miss Broatch, the acting matron, the nursing and domestic services have worked well. The Steward, Mr Stirling, has superintended his department with care and accuracy and has always been prompt in meeting any emergency arising out of war conditions.

MUNICIPAL GENERAL HOSPITALS.

WESTERN GENERAL HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

The statistics below show the work carried out at the Western General Hospital during the year 1943.

Total admissions were 4,536, an increase of 11 per cent. on the 1942 figures. This was made possible by an extension during the year of the accommodation available for maternity cases and for sick children. All departments were kept fully occupied and as a result of their efforts waiting lists for any section were short, when they existed. As in 1942, work in the X-ray and Massage Departments again showed an increase, as also did the turnover in the Follow-up Department.

The Paderewski Hospital also had a very busy year, their admissions numbering 1,426, compared with 1,203 in the previous year. The number of out-patients treated remained almost stationary at over the 5,000 level. The most significant change in this hospital was the great increase in the number of surgical operations, there being 972 in 1943 compared with 295 in the previous year.

The nursing staff during the year gave admirable and willing service, and the nurses training school continued on the same high level as before. The Corporation, by subscribing to the Taylor Report on Nurses, showed that they shared the nationwide appreciation of the service rendered to the country by the profession.

The domestic deficiencies referred to in last year's report were not made good and at one time almost prevented extra accommodation being provided for patients. The recent adoption by the Corporation of the Hetherington salary scales will, it is hoped, improve this position. If not, then other steps will have to be taken as this shortage interferes definitely with the running of the hospital.

I should like to express my indebtedness to the visiting and resident medical staff of the hospital for their co-operation during the past year, rendering the task of being a Superintendent so much lighter.

Lastly, I should like to express my appreciation to the Matron for her services and help.

Statistics for the Year 1st January to 31st December 1943.

		Remaining 1st Jan.	Admitted.	Discharged.	Died.	Remaining 31st Dec.
Adults	Males	50	691	592	93	56
	Females	80	2,097	2,005	91	81
Children	Boys	27	904	858	28	45
	Girls	14	844	826	15	17
Totals		171	4,536	4,281	227	199

Number of cases treated	4,707	
Total Beds	434 + 110	Paderewski Hospital.
Average number of occupied beds	221	
Average length of stay, in days, per patient... ...	18	
Highest daily number of patients	255—31/1/43.	
Lowest ,, ,, ,, ...	166— 1/1/43.	

Table to show the results of Treatment or Termination of Illness.

Cured	3,256	Not improved	312
Improved	713	Died	227
Remaining under treatment	199		
Also remaining under treatment in the Paderewski Hospital	103		
		Total	302

SPECIAL DEPARTMENTS.

During the year 777 operations were performed ; 448 of these were major operations and 329 minor operations. A general anæsthetic was administered in 562 operations, and 196 operations were carried out with a spinal anæsthetic ; 19 operations were performed under local anæsthesia or without an anæsthetic.

CLASSIFICATION OF OPERATIONS.

1. Operation on brain, spinal cord and peripheral nerves	13
2. ,, lymph glands	27
3. ,, upper air and food passages	5
4. ,, breast and thorax	16
5. ,, abdomen	259
6. ,, genito-urinary organs	139
7 ,, bones and joints (including amputation)	38
8. Various unclassified operations	100
9. Abscesses—incisions, etc. (including out-patients)	180
	777

EAR, NOSE AND THROAT DEPARTMENT.

Total number of operations		440
Operations on tonsils and adenoids	334	
,, for mastoid, etc.	8	
,, on nose and throat	98	
		440
Operations under general anæsthesia		276
Bronchoscopies, Laryngoscopies, Oesophagoscopies		6

DENTAL DEPARTMENT.

Number of patients treated—adults, 29 ; children 0		29
Number of treatments requiring a general anæsthetic	1	
,, ,, ,, local ,, ...	18	
,, ,, ,, no anæsthetic	10	
		29
Number of extractions	19	
Other dental work (no anæsthetic)	10	
		29

UROLOGICAL DEPARTMENT.

Examinations ...	Cystoscopic and Pyelographic	230	
	Bougies	69	
	Cystometrographic	20	
	Uterography	7	
			326
Operations ...	Transurethral resection of prostate	11	
	Fulguration of tumours	16	
	Lithotrity	2	
			29
Treatments	Bladder lavage	33	
	Injection of hæmorrhoids	7	
			40
Cases reporting well			6
			401

(Included in above are 40 Polish cases.)

CLASSIFICATION OF SURGICAL CASES TREATED ON ADMISSION.

1.	Diseases of brain, spinal cord and peripheral nerves	8
2.	,, lymph glands	41
3.	,, blood vessels (including gangrene)	57
4.	,, tongue and jaws, upper air and food passages	100
5.	,, breast	40
6.	,, thorax	9
7.	,, abdominal organs	375
8.	,, urinary and genital organs	191
9.	,, female pelvic organs	72
10.	,, bones and joints	166
11.	,, skin and cellular tissue	139
12.	Primary cardiac failure and surgical trauma	4
13.	Various unclassified diseases	95
		1,297

(Included in above are 242 children.)

X-RAY DEPARTMENT.

Number of X-Ray examinations—1st half-year	3,188	
2nd ,,	2,750	
		5,938
These include—In-patients	2,002	
Out-patients	582	
Paderewski Hospital	2,677	
Other Hospitals	677	
		5,938
Barium examination		857
Pregnancies		104

MATERNITY DEPARTMENT.

Number of cases treated	2,393
,, ,, ,, admitted (includes 2 babies with 2 mothers)	1,194
,, ,, ,, discharged	2,355
,, ,, ,, delivered (1,121 normal, 78 abnormal)	1,199
,, ,, post-partum puerperal admissions	2
,, ,, deaths, (mothers 1, infants 6)	7
,, ,, babies born (includes 7 sets twins)	1,206
,, ,, ,, stillborn	31

There have been 1,560 ante-natal cases examined during the year. Of these, 1,134 were admitted. Abortion cases totalled 31, and 14 other cases of complicated pregnancy were not confined. The abnormal deliveries included 41 by forceps and 6 cæsarian section.

The cause of maternal death was :—

Post-anæsthetic pulmonary collapse.

SPECIAL DIET DEPARTMENT.

Cases treated by special diet during the year	359
Remaining at 1st January 1943	32
Number of cases admitted	327
,, ,, ,, discharged	298
,, ,, ,, died	33
,, ,, ,, remaining at 31st December 1943	28

The disabilities treated included the following :—

Diabetes	9	per cent of cases.
Stomach disorders	37	,, ,, ,,
Kidney disorders	6	,, ,, ,,
Obesity	11	,, ,, ,,
Gall-bladder disease	6	,, ,, ,,
Cardiac conditions	10	,, ,, ,,
Colitis	2	,, ,, ,,
Jaundice	3	,, ,, ,,
Diarrhœa	1	,, ,, ,,
Constipation	2	,, ,, ,,
Miscellaneous (Including High Cal. diets for T.B., etc.)	13	,, ,, ,,

MEDICAL WARDS.

Classification of patients treated on admission.

1.	Infectious and Parasitic Diseases	24
2.	Cancer and other Tumours	17
3.	Rheumatism, Diseases of Nutrition and other General Diseases	19
4.	Diseases of the Blood and Blood-forming organs	36
5.	,, ,, Nervous System and Sense Organs	37
6.	,, ,, Circulatory System	139
7.	,, ,, Respiratory System	152
8.	,, ,, Digestive System	100
9.	Non-venereal Diseases of Genito-Urinary System	20
10.	Diseases of Skin and Cellular Tissue	6
11.	,, ,, Bones and Organs of Locomotion	76
12.	Senility	2
13.	Endocrine disorders	30
14.	Unclassified diseases	20
		678

CHILDREN'S WARDS.

Classification of cases treated on admission.

1.	Premature babies	2
2.	Rheumatism, Diseases of Nutrition and other General Diseases	10
3.	Diseases of the Blood and Blood-forming Organs	6
4.	,, ,, Nervous System and Sense Organs	9
5.	,, ,, Circulatory System	3
6.	,, ,, Respiratory System	56
7.	,, ,, Digestive System	34
8.	Non-Venereal Diseases of Genito-Urinary System	6
9.	Diseases of Skin and Cellular Tissue	90
10.	Congenital Malformations	1
11.	Convenience cases (healthy)	10
12.	Tonsillectomy cases	201
13.	Surgical cases	11
14.	Tuberculosis (notifiable cases)	3
15.	Glands of neck (not operable)	1
16.	Various unclassified diseases	18
17.	Ear, nose and throat cases	15
		476

MASSAGE AND ELECTRO-THERAPY DEPARTMENT.

The total number of patients treated during the year was 965, of which 875 were cured and improved; 44 were not improved, and 42 were still under treatment at the end of the year. 4 patients died. During the year 8,575 treatments were given, as follows:—

Massage	1,919
Galvanism and Faradism...	441
Diathermy (Short Wave)	95
Infra-red	1,648
Ultra-Violet Artificial Sunlight	2,131
Re-education Exercises	2,341
	8,575

(Included in above are 134 Polish cases.)

OUT-PATIENT DEPARTMENT.

Recommended Cases:—

Surgical	1,613	
Medical	339	
Ante-natal (since April)	4,171	
Gynæcological (since September) ...	29	6,152
Ordinary Out-patients treated		6,818
Total		12,970

PADEREWSKI HOSPITAL.

Statistics for the Year 1st January to 31st December 1943.

Admissions.	Discharges.	Deaths.
1,426	1,429	15

OUT-PATIENT DEPARTMENT.

Number of patients treated	5,081

DENTAL DEPARTMENT.

Number of patients treated	4,116
,, daily visits	30

OPERATING THEATRE.

Number of major operations	418
,, minor ,, ...	330
,, Ear, Nose and Throat operations ...	224
	972

EASTERN GENERAL HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

This report deals with the work of the Eastern General Hospital during the year 1943. Admissions and discharges both increased compared with the previous year. Skin diseases were fewer in number as also were nutritional diseases. There were no air raid casualties but, for the first time, serving members of His Majesty's Forces were admitted. The civilian sick admitted, again showed an improvement in quality as judged from the medical point of view.

In other respects the hospital remained unchanged, operating theatres remaining idle and the maintenance of an adequate nursing staff still being made difficult by lack of a Nurses Training Scheme. The staff available, however, gave excellent service and the standard of nursing was maintained at a high level. Some reward was made by the adoption by the Corporation of the Taylor Report.

Shortage of domestic staff became still more acute and had it not been for daily workers, both whole and part-time, and help from the nursing staff, the hospital could not have remained open. Even so, great difficulty was experienced. This shortage will have to be remedied in the near future.

Concluding, I should like to thank all members of the hospital staff for their unfailing support during the year, mentioning in particular the Matron whose difficulties were enormous.

Statistics for Year 1st January to 31st December 1943.

	Remaining 1st Jan.	Admitted.	Discharged.	Died.	Remaining 31st Dec.
Males	64	682	501	183	62
Females	61	599	482	128	50
Total	125	1,281	983	311	112

Number of cases treated	1,406
Total number of beds	426
Average number of occupied beds	117
Highest daily ,, ,, ,, ...	148 (2/2/43).
Lowest ,, ,, ,, ,, ...	98 (28/4/43)
Average length of stay in days per patient ...	34
Number of post-mortems	36

Table to show the Results of Treatment.

	Cured.	Improved.	Not Improved.
Males	222	227	52
Females	203	211	68
Total	425	438	120

Remaining under treatment 112

Table Showing Admissions, Discharges and Deaths during the Year 1943.

Month.	Admissions.		Discharges.		Deaths.		Patient Days.	
	M.	F.	M.	F.	M.	F.	M.	F.
January ...	70	60	49	41	15	12	1,967	2,039
February ...	60	50	50	49	17	5	1,754	1,796
March ...	73	61	70	54	15	10	1,783	1,952
April ...	43	61	40	46	12	15	1,356	1,897
May ...	70	54	38	37	23	14	1,470	2,047
June ...	55	47	39	46	10	13	1,669	1,678
July ...	57	68	45	39	15	13	1,840	1,846
August ...	51	32	34	36	17	7	1,631	1,926
September ...	45	31	32	26	15	5	1,611	1,651
October ...	48	35	35	31	9	5	1,728	1.764
November ...	52	49	31	30	16	11	1,749	1,820
December ...	58	51	38	47	19	18	2,058	1,806
Total ...	682	599	501	482	183	128	20,616	22,222

MASSAGE DEPARTMENT.

Number of patients treated	152
Number of patients discharged	128
Number of patients remaining	16

Cured	45
Improved	44
Not Improved	39
Died	8
	136

Massage	2,195
Faradism	16
Radiant Heat	—
Galvanism	26
Ionization	—
Exercise	1,184
U.V.R.	218
Infra Red	1,864
Wax Baths	106
	5,609

SCHEME PATIENTS.

Admissions.

	Male.	Female.
Military	3	—
Merchant Navy	4	—
N.A.A.F.I.	—	1
Admissions on authority of Hospital Officer	2	—
R.I.E. Waiting List	11	4
	20	5

Discharges.

Military	3	—
Merchant Navy	4	—
N.A.A.F.I.	—	1
Admission on authority of Hospital Officer	2	—
R.I.E. Waiting List	8	4
	17	5

	Cured.	Improved.	Not Improved.
Males	5	9	3
Females	—	5	—
Total	5	14	3

Deaths.

	Male.	Female.
R.I.E. Waiting List	1	—

Remaining.

R.I.E. Waiting List	2	—

SOUTHERN GENERAL HOSPITAL.

REPORT BY THE SUPERINTENDENT.

The following is a report of the work done at the Southern General Hospital during the year 1943.

The year has been uneventful and little different from preceding war years, the same difficulties being in existence, namely a shortage of trained nursing staff and suitable nurses' accommodation. So much has already been said in regard to these questions that it seems futile to add anything further, and I only do so in order that it should be appreciated that the difficulties are still with us and look like remaining with us until the end of the war at least.

Statistics for the Year 1st January to 31st December 1943.

	Remaining 1st Jan.	Admitted.	Discharged.	Died.	Remaining 31st Dec.
Males	77	420	240	187	70
Females	80	309	156	159	74
Totals	157	729	396	346	144

Number of Cases treated 886

The sources of admission were as follows :—

From own homes	647
City Hospital	10
Northern General Hospital	10
Davidson Home, Colinton	10
Salvation Army Homes	10
Western General Hospital	10
Whitefoord House	8
Poplar Home, Aberlady	8
Royal Infirmary, Edinburgh	4
Homeless	4
Queensberry House	2
Springwell House	1
Morrison House	1
Nursing Home	1
St. Michael's Home, Linlithgow	1
Malta House	1
Saughton Prison	1
	729

Discharges were as follows :—

To own homes	299
City Hospital	27
Northern General Hospital	19
Western General Hospital	17
Salvation Army Homes	14
Whitefoord House	5
Davidson Home, Colinton	5
Queensberry House	3
Nursing Home	2
Longmore Hospital	2
Royal Infirmary, Edinburgh	1
Malta House	1
Inveresk House	1
	396

Table to show Results of Treatment or Termination of Illness.

Cured	75	Not improved	102
Improved	219	Died	346
Remaining under treatment	144		

Total beds—Public Health	162 (E.M.S.—198)
—Norwegian Unit	143 (E.M.S.—158)
—A.T.S. Unit	50 (E.M.S.— 75)
Emergency Casualty Beds—Equipped but unerected ...	135
Average number of occupied beds—Public Health	145
—Norwegian Unit ...	124
—A.T.S. Unit	26
Highest daily number of patients—Public Health	161 (11/1/43)
—Norwegian Unit	140 (27/11/43)
—A.T.S. Unit	48 (17/11/43)
Lowest daily number of patients—Public Health	129 (20/12/43)
—Norwegian Unit	108 (9/4/43)
—A.T.S. Unit	4 (13/7/43)
Average length of stay in days per patient (Public Health) ...	53

MASSAGE AND ELECTRO-THERAPY DEPARTMENT.

The total number of patients treated during the year was 264, of which 183 were cured and improved ; 72 not improved ; 9 patients died and 32 were under treatment at the end of the year. During the year treatments were given as follows :—

Massage	1,454
Galvanism and Faradism	21
Diathermy	—
Infra Red and Radiant Heat	366
Ionization	—
Ultra Violet Artificial Sunlight	33
Re-education Exercises	1,346

STAFF ILLNESSES during the year.

Nurses	65	Maids	19

NORWEGIAN UNIT.

Admissions	1,567	Discharges	1,520	Deaths ...	20

A.T.S. UNIT.

Admissions	847	Discharges	841

GOGARBURN HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

The Annual Report for Gogarburn Institution for the year 1943, as in the preceding three years, falls to be considered under two heads :—(1) The Mental Defective Colony and (2) The Emergency Hospital.

The total number of admissions to the Institution during the year was 2,639, the highest figure so far recorded.

1. The Mental Defective Colony.

The following statistical tables show the changes which have occurred in the patient population during the year. It has been a year of great difficulty and anxiety so far as the Colony has been concerned. In May 1940, 150 adult male defectives, accompanied by ten attendants were transferred to the Certified Institution at Larbert, in order to provide accommodation required for the E.M.S. Hospital without undue overcrowding of the remaining mentally defective population. At the beginning of 1943 on account of staffing difficulties at Larbert, the General Board of Control decided that the Edinburgh patients then remaining at Larbert should be transferred back to Gogarburn. Of the ten attendants originally sent with the patients, one remained on the staff. This decision of the Board of Control solved no difficulties, it merely transferred them from Larbert to Gogarburn. It involved a re-organisation and re-grouping of the whole Colony ; aggravated existing overcrowding, and it placed a heavy strain on a staff already considerably depleted by the demands of the National Service. It further involved a re-organisation and reduction of the E.M.S. accommodation at a time when there was a heavy influx of casualties from the North African campaign. Thanks to the willing co-operation of the nursing staff these changes were effected with the minimum dislocation of the activities of either the Colony or the E.M.S. Hospital.

The position with regard to the existing shortage of male nurses continues to present considerable difficulty. Since the return of adult male patients from Larbert, the number of these requiring supervision by male nurses is the same as in 1939. Then we had 33 male nurses. At present we have 14. Our efforts to recruit male staff have been unsuccessful and it would appear that no improvement in this position can be anticipated so long as the war continues.

In consequence of the congestion resulting from the return of patients from Larbert the accommodation available for the reception of educable boys was quickly exhausted. This presented a twofold problem in that while the majority of these boys on account of their delinquent propensities create considerable social disturbance, they are the type of case who respond best to institutional treatment. Thanks to the help afforded by Glasgow Corporation, 30 beds for such cases were provided in Lennox Castle Certified Institution, whence we transferred a corresponding number of existing cases in May.

Admissions.

	Males.	Females.	Total.
Number of patients on Register at 1st January 1943	197	248	445
Cases admitted during the year	136	17	153
Total cases under treatment	333	265	598
Cases discharged during the year	11	11	22
Cases transferred to other Institutions	31	—	31
Cases died during the year	12	4	16
Patients on Register at 31st December 1943 ...	279	250	529

The physical condition of the patients on admission was as follows :—

	Males.	Females.	Total.
In fair or average health and condition	7	5	12
In poor or indifferent health and condition	116	4	120
In weak or very weak health and condition ...	13	8	21
	136	17	153

The classification and age grouping of the patients admitted were as follows :—

Classification.	5—10 years.		10—15 years.		15—20 years.		20—25 years.		Over 25 years.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Idiot	...	2	...	...	1	...	...	...	...	...	1	2
Imbecile	3	4	...	...	...	1	...	...	1	1	4	6
Feeble-minded ...	4	4	6	1	3	4	...	...	...	...	13	9
Total—Males ...	7		6		4		...		1		18	
Total—Females		10		1		5		...		1		17

The following table shows the methods of disposal of the patients discharged from the Institution in the course of the year :—

	Males.	Females.	Total.
Discharged to their own homes	11	5	16
Discharged to other Institutions	31	1	32
Discharged to guardianship	—	1	1
Discharged on attaining 5 years of age	—	2	2
Discharged on attaining 16 years of age	—	2	2
	42	11	53

The number of deaths occurring in the course of the year was 16. The causes of death were as follows :—

	Males.	Females.	Total.
Diseases of the Central Nervous System	2	1	3
Diseases of the Cardiovascular System	1	2	3
Diseases of the Alimentary System	6	1	7
Diseases of the Respiratory System	3	—	3
	12	4	16

It is again recorded that the long immunity from serious accident affecting patients has continued during the year.

I am deeply grateful for the continued loyalty and support afforded me by all members of the staff in meeting the many difficulties which have arisen during the year.

2. The Emergency Hospital.

The following are the figures relating to the Emergency Hospital. As the figures show, even with a reduction of the bed complement from 400 to 300 there has been an increase of 34 per cent. in the number of admissions over the previous year. The preponderating majority of the admissions have been service patients, and the increased numbers reflect the success of our armed forces in the Mediterranean area, which has made possible the quicker evacuation of battle casualties to this country. There is one fact to which I would draw attention. During the year 2,486 patients were admitted to the hospital, the majority of whom were either seriously ill or seriously injured. Of that number only 3 patients died. These figures represent a record of service of which any hospital may well be proud. To all those members of the staff, nursing, medical, administrative and domestic, who by their united efforts have helped to achieve this result I tender my thanks.

In Hospital on 1st January 1943	128
Admissions of Service Patients	2,168
Admissions of Civilian Scheme Patients	318
Total admissions	2,486
Members of Services treated as Out-patients ...	934
Total number of patients treated during the year	3,420
Discharges of Services Patients	2,110
Discharges of Civilian Scheme Patients	323
Deaths of Service Patients	1
Deaths of Civilian Scheme Patients	2
Total remaining on 31st December 1943	178

Peripheral Nerve Injuries.—During the year 310 patients were admitted to this Unit, including 10 cases of spinal injury, and 158 major operations were performed. Many minor surgical procedures incidental to investigation and treatment were carried through in addition. In the stage of recovery great importance is attached to these measures designed to rehabilitate the patient. To this end physio-therapy, remedial exercises, physical training and occupational therapy are all employed. Although the individual may receive treatment in several departments of the hospital the work of each department is carefully co-ordinated by means of weekly staff conferences at which programmes are designed for new cases and the progress of existing cases are reviewed and assessed.

In this Unit not only are cases of nerve and vascular injuries treated, but the sequalæ of these injuries, both local and general, are continuously under review. The research aspect of the work is encouraged by financial help from the Medical Research Council and several important papers have already been published in this country and in America.

Occupational Therapy.—At this Hospital our views on this subject are probably regarded as unorthodox. We believe that the chief value of occupational therapy lies in its recreational aspect. We believe that the desire to achieve an end, which prompts a patient to use a damaged limb in the manufacture of an article in which he is interested is a very valuable adjunct to the more formal measures of massage, physio-therapy, and remedial exercises. It is equally valuable in helping to relieve the tedium of the stay in hospital, especially if this period is a prolonged one. Interest should, in our opinion, be the mainspring not direction. We have accordingly no staff of professional occupational therapists at this Hospital. We have, however, a group of some twenty ladies who act as instructors on a voluntary basis. These ladies have all had long experience in teaching arts and crafts at the local branches of the Women's Rural Institutes. As a result we are able to offer every patient a wide range of interesting work which they can undertake if they so desire. No compulsion is exercised and every patient is allowed to choose the type of work he wishes to do. Having done so. the patient purchases the required material, receives individual instruction and help, either in bed, or if ambulant, at the regular classes, and the finished article becomes his personal property. The response of the patients to this method has been very gratifying.

In the year under review over £1,200 was expended by the patients in the purchase of material for leather work, toy-making, glove-making, embroidery, basket and raffia work, to mention only a few. In addition the patients appreciate the personal interest which the instructors take in them, and welcome the break in routine which the visit of someone with homes and interests outside the hospital provides.

I am very grateful to Mrs Forrest, the Convener of this group, and to the ladies who comprise it, for the unstinted and ungrudging help which they have given unremittingly during the past three years.

BANGOUR HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

General Statistics.

	Services.	Civilians.	Total.
Admissions	4,529	2,627	7,156
Discharges	4,533	2,226	6,759
Deaths	20	79	99

In addition 240 patients were admitted to East Fortune Sanatorium.

The admissions show an increase of 2,353 over the figures for 1942. Admissions from the Services have gone up by 938 and those from civilian sources by 1,415.

As in previous years by far the largest proportion of Service admissions consisted of sick and injured from the Army at home, though there were occasional arrivals from overseas.

Of the civilians admitted, 1,228 were referred by the Royal Infirmary, Edinburgh, and 326 by the Royal Edinburgh Hospital for Sick Children. Eleven other voluntary hospitals from Inverness in the north to Dumfries in the south contributed amongst them 57 waiting list cases. These latter were sent in for treatment in one or other of the Special Departments.

An interesting group of patients admitted were those sent in under the Supplementary Medical Services' Scheme. This Scheme serves a two-fold purpose :—

1. To give facilities for the full investigation and treatment of patients presenting difficult conditions which the private practitioner may not be able to cope with single-handed ; and,
2. To bring the General Practitioner into closer touch with the Hospital Service.

Cases of this type are reported to the Hospital Officer of the district and undergo preliminary examination by a small medical panel. If fuller investigation or in-patient treatment seems necessary, the patients are sent into hospital. On recovery a full report is sent to the General Practitioner, showing the character and range of the investigation undertaken, the treatment prescribed, and the lines to be followed after the patient's discharge. The number of cases so dealt with in 1943 was 153, but it is expected that the Scheme will develop further in the future.

In addition to the East Fortune Unit of 240 beds, there are now 460 beds for surgical and pulmonary tuberculosis. Of these all but 90 (The Service Clearing Wards) are reserved for civilians. Edinburgh and Glasgow share these beds equally except for a small number placed at the disposal of Clydebank, Motherwell, Hamilton and Dumbartonshire. In 1943, the number of patients admitted to these civilian tuberculosis wards was 297, while 167 were discharged and 20 died.

The Service Clearing Wards have been fully occupied during the year. Originally it was intended that patients coming to these wards should be evacuated to their home areas as soon as the diagnosis of tuberculosis was confirmed and discharge from the Forces authorised. In practice, however, there are frequently long delays in placing patients owing to the shortage of sanatorium accommodation. Active treatment in the Clearing Wards is now undertaken although their function was primarily intended to be merely diagnostic.

Central heating has been installed in all the tuberculosis wards and a special recreation room set apart, equipped with such amenities as a library and a billiard table. There is also an occupation therapy room. Full use is made of the recreation room, the management of which is vested in a committee of the patients.

In the course of the year 100 mental patients were received from Aberdeen Royal Mental Hospital which had been seriously damaged in an air raid.

The other special departments—Brain Injuries, Plastic Surgery, Gynæcology and Ear, Nose and Throat—have all had considerably larger numbers of patients than hitherto. By arrangement with the Royal Hospital for Sick Children, the waiting list of ear, nose and throat cases has been taken over and is being worked off at the rate of 20 patients per week. In the Plastic Department arrangements have been completed for the setting up of a Burns' Unit with saline baths and other necessary equipment.

Rehabilitation, especially in relation to plastic, cerebral and orthopædic conditions, has continued to be a valuable feature of the hospital's work. Valuable, too, has been the liaison with the Ministry of Labour in the matter of directing discharged service men into suitable forms of employment.

For many reasons, the hospital has to depend very largely on its own resources in the matter of recreation for both patients and staff, but the help of E.N.S.A., the Army Film Unit and several voluntary concert parties is gratefully acknowledged. Thanks to them it has been found possible to arrange for three entertainments per month in the recreation hall.

In addition, two film shows a week have been supplied to the wards by the E.N.S.A. and Army Film Units, which visit the hospital on alternate weeks. It is possible by this means to provide entertainment for medical and tuberculosis patients who cannot share in the shows given in the hall. Concerts have also been managed in wards, at fortnightly intervals, through the kindness of local parties.

The beginning of winter saw the formation of a Recreation and Social Club, whose fortnightly dances in the hall have proved a great success. Under their auspices facilities have also been given for the playing of indoor games by members of the staff and patients, large numbers of whom have availed themselves of the opportunity.

With the addition of the new books gifted during the year through the interest of Bailie Banks, and the increased allotment from the West Lothian County Library, the library continues to attract many new readers.

Contact has also been maintained with the Army Education Officer, and a number of lectures have been given and special courses of study arranged for some of the patients.

Through the same agency Dame Sybil Thorndike recently visited the Hospital and gave a recital which was much appreciated by a large audience.

Much time is devoted by the Welfare Officer to helping patients with personal problems and difficulties. Some of these are quite simple and can easily be solved by supplying information or by reference to the appropriate authorities, while others require fuller investigation.

The training school for probationers continued the preliminary training of new entrants. Each class consisting of 25 to 30 probationers remains in session for three weeks and short though the time is, it is possible to give the young nurse by precept and by practice a satisfactory attitude towards her work.

As in most other hospitals shortage of staff has occasionally presented awkward difficulties which it has only been possible to surmount through the willingness of the nursing staff to do the little bit extra that makes all the difference.

BACTERIOLOGICAL SERVICES.

The following report (in summary) is submitted by the Director of Bacteriological Services on the work carried out for the City in the Bacteriology Department of Edinburgh University during the year 1943.

The total number of examinations was 35,471, as compared with 29,455 in 1942, representing an increase of 6,016 ; and it is noteworthy how the amount of such laboratory work as required by the Public Health Department, including its various hospitals, has been increasing during the past ten years. The following figures are illustrative :—

	Total Number of Examinations.	Examinations for Municipal Hospitals.
1943	35,471	24,687
1942	29,455	19,777
1941	27,885	19,203
1940	27,708	18,291
1939	24,182	16,801
1938	28,706	19,741
1937	18,831	11,585
1936	14,498	8,163
1935	10,370	5,131
1934	10,544	4,302

Thus, in 1934, the total number of examinations was 10,544, as contrasted with 35,471 in 1943 ; for the hospitals 4,302 examinations were made in 1934 and 24,687 in 1943. Within ten years, therefore, the amount of work stated in total numbers of examinations increased over three-fold, the increase for the municipal hospitals being proportionately greater, nearly six-fold. It should be noted also that these figures for examinations do not fully represent the additional amount of work since recent advances in bacteriological knowledge and technique have introduced improved methods of diagnosis or investigation which demand additional labour on the part of the laboratory staff and greater expenditure of materials. In fact the comparative figures quoted above under-estimate the extension of the bacteriological services in recent years.

During the year under present review, a considerable increase in the prevalence of bacillary dysentery contributed largely to the additional work, *i.e.*, for about 5,000 of the 6,000 additional examinations. A substantial proportion of this work on dysentery had to be carried out at short notice within a limited time and such demands for immediately increased effort necessitates the maintenance of a large organisation with some reserve staff and materials. Thus, the progressive extension during the past ten years of these bacteriological services has involved, on the part of the University, considerable development of the resources of its bacteriology department for such work.

With regard to special branches of the work in 1943, the following may be commented on. As in 1942 the number of cases proved in the laboratory to be typhoid-paratyphoid (enteric) infections was small. As mentioned, the prevalence of bacillary dysentery increased in 1943, and it is of interest that while in 1942 the vast majority of cases were due to the " Sonne " type of organism, " Flexner " and " Newcastle " types being infrequent, in 1943 there was a greatly increased prevalence of the " Flexner " type. It may be noted here that the recent introduction of desoxycholate-citrate media for the detection of dysentery bacilli has greatly enhanced the reliability of laboratory diagnosis, particularly in the types of cases in which the bacilli may be scanty in the dejecta. There was little substantial change in the amount of laboratory investigation in connection with diphtheria and other throat infections, though more work was done on the determination of the biological types of the diphtheria bacillus present in cases (the prevalent type in Edinburgh being at present the "*gravis*" form of the organism). Examinations for tuberculosis showed an appreciable increase and it should be mentioned that in recent years more animal inoculation tests have been requested for the routine diagnosis of tuberculosis. The number of cases diagnosed as meningococcal infection was less than in the previous year. The number of specimens examined for the Water Department was 1,007 as compared with 931 in 1942, and the number of milk samples dealt with in 1943 was double that of 1942. Among the 189 milk samples examined for the tubercle bacillus, 14 gave positive results.

The tables appended give numerical details of the work done in all categories; the examinations for Municipal Hospitals are separately tabulated.

ROUTINE BACTERIOLOGICAL EXAMINATIONS

(including examinations for Municipal Hospitals).

			Total
Swabs and cultures from throat, nose and ear examined for *B. diphtheriæ*	Positive	341	
	Negative	2,758	
			3,099
B. diphtheriæ: determination of biological types and virulence tests	Positive	513	
	Negative	855	
			1,368
Throat, nose and ear swabs for hæmolytic streptococci and general bacteriological examinations	Positive: Hæmolytic Streptococci	1,520	
	Positive: Vincent's Angina	50	3,566
Determination af serological types of hæmolytic streptococci ...	Type 1	1	
	Type 27	2	
			3
Sputum examined for *B. tuberculosis* by the microscopic method*	Positive	505	
	Negative	3,260	
			3,765
Urine, fæces, pus and stomach washings examined for *B. tuberculosis* by microscopic method*	Positive	25	
	Negative	215	
			240
Cultivation test for *B. tuberculosis* (sputum and other specimens)†	Positive	252	
	Negative	3,379	
			3,631
Animal inoculation test for *B. tuberculosis* ... ... (sputum and other specimens)	Positive	91	439
Determination of *B. tuberculosis* types (Pus and cerebro-spinal fluid)	Human	11	
	Bovine	1	
			12
Pleural and peritoneal fluids for general bacteriological examination (including examination for *B. tuberculosis*, by microscopic method)*	Positive: *B. tuberculosis*	2	194
	Carry forward		16,317

		Brought forward		16,317
Cerebro-spinal fluid* for general bacteriological examination including examination for Meningococcus and *B. tuberculosis* (by microscopic method)	Positive	*B. tuberculosis*	6	
		Meningococcus	9	
		Hæmolytic streptococci	2	
		Pneumococcus	4	
		Streptococcus viridans	1	
				217
Blood* for Widal reaction (including *B. abortus* agglutination test)	Positive	*B. typhosus*	7	
		B. paratyphosus B.	6	
		B. ærtrycke	1	
		B. abortus	1	
		Negative	73	
				88
Blood-clot-cultures from specimens submitted for Widal reaction				63
Blood for agglutination tests for infection by dysentery bacilli	Positivo:	*B. dys.* Flexner	1	1
Fæces and urine‡ examined for organisms of enteric and dysentery groups	Positive	*B. typhosus*	12	
		B. para. B.	34	
		Other organisms of *Salmonella* group	2	
		B. dys. Flexner type	1,235	
		B. dys. Sonne type	1,121	
		B. dys. Newcastle type	4	
		Atypical dysentery bacilli	6	
		Negative	6,007	
				8,421

Number of cases proved by isolation of specific organisms and/or serological examination to be due to:—

B. typhosus	6
B. paratyphosus B.	9
Other organisms of *Salmonella* group	2
B. dysenteriæ Flexner type	277
B. dysenteriæ Sonne type	376
B. dysenteriæ Newcastle type	1
Atypical dysentery bacilli	2
B. abortus	1

Fæces examined for protozoa and helminths.		*Gardia intestinalis*	1	10
Blood for culture (general).	Positive	Hæmolytic streptococci	1	
		Non-hæmolytic streptococci	5	
		Staphylococcus aureus	2	
		B. typhosus	1	
				97
Blood examined for agglutination of *Leptospira icterohæmorrhagiæ* (and animal inoculation)				9
Urine examined for *Leptospira icterohæmorrhagiæ* (including animal inoculation) ...				10
Pus for general bacteriological examination				120
Sputum for general bacteriological examination				215
Urine and fæces for general bacteriological examination				921
		Carry forward		26,489

	Brought forward		26,489
Determination of serological types of pneumococcus:			7
Type 2		2	
Type 8		1	
Type 13		1	
Type 21		1	
Type 23		1	
Type 24		1	
Blood for Wassermann reaction	Positive	118	
	Negative	1,911	
			2,029
Syphilis flocculation test—method of Bact. Dept. Edin. University	Positive	141	
	Negative	1,868	
			2,009
Syphilis flocculation test—Kahn method	Positive	139	
	Negative	1,878	
			2,017
Cerebro-spinal fluid for Wassermann reaction	Positive	15	
	Negative	217	
			232
Cerebro-spinal fluid for cytological examination, protein, globulin, sugar and chlorides			235
Cerebro-spinal fluid for colloidal gold test			223
Examination for *B. pertussis* (cough-plates, swabs and other specimens)			11
Conjunctival smears for general bacteriological examination			45
Vaginal, uterine and urethral swabs and smears for hæmolytic streptococci, gonococcus and general bacteriological examination	Positive: Hæmolytic streptococci	57	380
Complement fixation test (for gonococcal infection)	Positive	3	
	Negative	103	
			106
Blood for Paul-Bunnell test (Glandular fever)	Positive	8	36
Blood for Weil-Felix reaction			6
Wound exudate for organisms of gas-gangrene	*B. welchii*	1	2
Mouth and throat swab for *Monilia albicans* (Thrush) ...	Positive	1	1
Biopsy and autopsy specimens for bacteriological examination			16
Food materials for bacteriological examination			12
Surgical materials for sterility tests			4
Rats examined for plague infection§			5
Water specimens for bacteriological examination			1,007
Milk specimens tested for bacterial count and *B. coli.*			366
Milk specimens tested for *B. tuberculosis* by animal inoculation.	Positive	14	189
Milk specimens tested for pathogenic organisms			14
Serum from vaccinia convalescents (for treatment of encephalitis) examined for sterility and the Wassermann reaction, and ampouled (33 c.c.)			1
Batches of serum from measles convalescents examined for sterility and the Wassermann reaction			4
Autogenous vaccines prepared			5
Miscellaneous examinations			20
Total			35,471

* After "concentration" of the specimen.
† Negative by the microscopic method.
‡ The numbers given include repeat tests.
§ These were carcases of rats caught on board ship arriving from overseas and were examined as a precautionary measure. All were negative.

EXAMINATIONS FOR MUNICIPAL HOSPITALS.

Western, Eastern, Southern and Northern General Hospitals.	Total
Throat, nose and ear swabs for *B. diphtheriæ*	238
Throat swabs for hæmolytic streptococci and general bacteriological examination	349
Sputum, pus, urine and fæces examined for *B. tuberculosis* by the microscopic method	543
Cultivation test for *B. tuberculosis* (sputum and other specimens)*	478
Animal inoculation for *B. tuberculosis*	237
Blood for Widal reaction	26
Blood-clot-cultures from specimens submitted for Widal reaction	18
Fæces and urine for organisms of enteric and dysentery groups	1,410
Cerebro-spinal fluid for general bacteriological examination (including examination for *B. tuberculosis* and meningococcus)	37
Blood for Wassermann reaction	1,875
Syphilis flocculation test—method of Bact. Dept., University of Edinburgh	1,868
Syphilis flocculation test—Kahn method	1,868
Complement fixation test for gonococcal infection	97
Cerebro-spinal fluid for Wassermann reaction	227
Cerebro-spinal fluid for cytological examination, protein, etc., and colloidal gold tests	348
Vaginal, uterine and urethral swabs and smears for hæmolytic streptococci, gonococcus and general bacteriological examination	130
Sputum, pus, urine and fæces for general bacteriological examination	990
Pleural and peritoneal fluids for general bacteriological examination (including examination for *B. tuberculosis*)	128
Determination of serological types of Pneumococcus	3
Conjunctival swabs and smears for general bacteriological examination	38
Other examinations	145
Total	11,053

Western General Hospital	Total	5,600
Eastern General Hospital	Total	2,653
Southern General Hospital	Total	2,169
Northern General Hospital	Total	631

City Hospital for Infectious Diseases.—	Total
Throat, nose and ear swabs for *B. diphtheriæ*	21
B. diphtheriæ determination of biological types and virulence tests	1,346
Throat swabs for hæmolytic streptococci and general bacteriological examination	80
Sputum, pus, urine and fæces examined for *B. tuberculosis* by microscopic method	142
Cultivation test for *B. tuberculosis**	127
Animal inoculation for *B. tuberculosis*	86
Blood for Widal reaction	25
Blood-clot-cultures from specimens submitted for Widal reaction	15
Fæces and urine for organisms of enteric and dysentery groups	5,659
Cerebro-spinal fluid for general bacteriological examination (including examination for *B. tuberculosis* and meningococcus)	177
Blood for Wassermann reaction	21
Syphilis flocculation test—method of Bact. Dept., University of Edinburgh	20
Syphilis flocculation test—Kahn method	20
Cerebro-spinal fluid for Wassermann reaction	3
Cerebro-spinal fluid for cytological examination, protein, etc., and colloidal gold tests	102
Vaginal, uterine and urethral swabs and smears for hæmolytic streptococci, gonococcus and general bacteriological examination	220
Carry forward	8,064

Brought forward	8,064
Sputum, pus, urine and fæces for general bacteriological examination ...	169
Pleural and peritoneal fluids for general bacteriological examination (including examination for *B. tuberculosis*)	26
Determination of serological types of Pneumococcus	1
Determination of serological group of meningococcus	1
Batches of serum from measles convalescents examined for sterility and the Wassermann reaction	4
Other examinations	102
Total	8,367

Royal Victoria Hospital and Dispensary.

	Total
Sputum for *B. tuberculosis*	2,588
Cultivation test for *B. tuberculosis**	2,311
Animal inoculation for *B. tuberculosis*	77
Blood for Wassermann reaction	68
Syphilis flocculation test—method of Bact. Dept., Edinburgh University ...	68
Syphilis flocculation test—Kahn method	67
Pleural and peritoneal fluids for general bacteriological examination	29
Other examinations	59
Total	5,267

Total examinations for Municipal Hospitals 24,687

*Negative by the microscopic method.

SANITARY DEPARTMENT.

ANNUAL STATEMENT FOR THE YEAR 1943.

Complaints by citizens	2,137
Complaints by other departments	84
Nuisances discovered and reported by District Inspectors	4,195
	6,416

CLASSIFICATION OF NUISANCES.

Drainage and Sanitary Appliances.	
Drains cleared or repaired and sanitary appliances renewed or repaired ...	699
Water Supply.	
Cisterns and water pipes repaired or renewed	617
Repairs to Houses.	
Repairs to floors, windows, doors, walls, etc.	406
Nuisances Removed.	
Nuisances due to smoke, flooding, overcrowding, rats and other causes	4,694
	6,416

Prosecutions.

Dirty stairs (2); Dirty houses (2); Nuisances (3); Contravention under Seasonable Workers Byelaws (1).

Total Prosecutions	8
Total Fines imposed	£13

HOUSING

Slum Clearance and Redevelopment.

Houses vacated	46
Persons displaced	139
Houses demolished	—

SHOPS ACTS, 1912-38.

Inspections of retail and wholesale shops including warehouses	708
Contraventions regarding hours of employment, closing order, etc.	6
Improvements effected in sanitary accommodation, washing facilities, heating and other sanitary matters	64
Convictions obtained in prosecutions	1
Total fines imposed	15/-

FACTORIES ACT, 1937.

Inspections of Factories with mechanical power	1,481
Inspections of Factories without mechanical power	280
Sanitary and miscellaneous improvements effected	694

SALE OF FOOD AND DRUGS ACT, ETC.

Total Samples of Food and Drugs taken	930

Milk.

Statutory samples of Sweet Milk taken	179
Samples reported adulterated	14
Prosecutions	6
Total fines imposed	£105.

Other Foods.

Statutory samples taken	186
Samples reported adulterated (Whisky, Baking Powder and Black Pudding)	7
Prosecutions	4
Total Fines and Expenses	£31, 5s. 6d.

The Fertilisers and Feeding Stuffs Act, 1926.

Statutory samples taken	7
Samples conforming to the provisions of the Act	7

The Rag Flock Acts, 1911-1928.

Samples of Rag Flock taken	3
Samples in conformity with the Act	3

PORT SANITARY INSPECTION.

Ships boarded and inspected	1,129
Nuisances discovered and removed, including lack of cleanliness in living quarters, galleys, food stores and pantries, defective sanitary appliances, and the presence of rats, and other vermin	858
Baits laid for the destruction of rats in the dock areas	9,500

VETERINARY DEPARTMENT.

REPORT BY CHIEF VETERINARY INSPECTOR.

Milk and Dairies (Scotland) Act, 1914.

Visits to dairy premises	243
Newly-calved cows inspected in the Markets before being offered for sale	463
Premises on the Register at 31st December	40
Cowsheds on these premises	65
Average number of cows accommodated therein	1,182
Certificates of Registration cancelled	—
Certificates of Registration transferred to new tenants	1
Premises licensed under the Cattlesheds in Burghs (Scotland) Act, 1866	24
Average number of cows accommodated therein	64

Milk (Special Designations) Order (Scotland), 1936.

Producers' licences in force during 1943 :

Standard	8
Certified	1

Bacteriological examination of Milk :

Number of samples examined:

Certified	23	
Tuberculin tested	37	
,, ,, (as supplied to Schools)	41	
Standard	48	
Pasteurised	34	
Milk to City Hospitals	8	
Ordinary	177	
	—	368

Bulk Milk Samples subjected to biological test for tuberculosis :—

(Brought forward incomplete at the end of 1942)	25	Neg. 24	Pos. 1	
Tested and completed at 31st December 1943	183	,, 161	,, 15	(Inconclusive 7)
Remaining under Test at 31st December 1943	25			
	233			

INSPECTION OF MEAT AND OTHER FOODS.

Gorgie Abattoir.

Class of Animals.	Number of Animals.			Weight (in lbs.) of Condemned Meat and Offals. (Offal Weights Estimated).
	Slaughtered.	Wholly Condemned.	Partially Condemned.	
Cattle	26,410	470	981	536,036
Sheep	140,637	309	514	28,898
Pigs	8,715	83	129	29,843
Calves	14,648	117	5	6,617½

Retail Shops, Street Hawkers, Etc. :—

Visits during the year 4,155

Foodstuffs seized in Markets, Etc. ... ... 219,240 lbs

Public Health (Meat) Regulations :—

Certificates of Approval granted in respect of accommodation provided for the storage of meat overnight, by persons who do not keep an open shop. (Renewals during 1943) 5

Imported Foodstuffs inspected under the Public Health (Imported Food) Regulations (Scotland), 1937. Number of consignments 65

Imported Foodstuffs condemned or rejected and re-exported at the Port of Leith ... ... 3,243,315 lbs.

Summary, showing total diseased and unsound foodstuffs dealt with by the Department, in the City, during 1943 :—

	Weight in lbs.
At Abattoir—Carcases	376,822
Offal (weight estimated) ...	224,572
In Shops, Warehouses, etc.	219,240
At the Port of Leith	3,243,315
	4,063,949

Equal to 1,814 Tons 5 Cwts. 29 lbs.

CITY OF EDINBURGH.

PUBLIC HEALTH DEPARTMENT.

INFANT MORTALITY.

REPORT BY THE MEDICAL OFFICER OF HEALTH.

The Public Health Committee at their meeting on 11th January 1944 considered the Report of the Sub-Committee of the Scientific Advisory Committee on Infant Mortality in Scotland (the Orr Report) and instructed the Medical Officer of Health to submit a report on the subject dealing particularly with the Corporation's Maternity and Child Welfare Scheme.

I.—Legislation.

The existing legislation relating particularly to the welfare of mothers and children is summarised in Appendix I.

II.—Historical Survey of the Maternity and Child Welfare Scheme.

Original Scheme.—A scheme under the Notification of Births (Extension) Act, 1915, was prepared by Edinburgh Corporation in 1916 and was approved by the Local Government Board in 1917 but did not function in its entirety till 1919.

Prior to the introduction of the Corporation's Scheme, services relating to the health of mothers and children were rendered by various voluntary agencies as follows :—

(*a*) The Committee of Edinburgh Infant Health Centres which controlled Child Welfare Centres.

(*b*) The Committee of Voluntary Health Visitors which controlled Open-Air Playrooms.

(*c*) The Edinburgh Day Nurseries' Association which controlled Day Nurseries.

(*d*) The Royal Maternity and Simpson Maternity Hospital.

(*e*) The Royal Hospital for Sick Children.

(*f*) The Edinburgh Hospital and Dispensary for Women and Children (Bruntsfield Hospital), and

(*g*) The Hospice, High Street, and various other Dispensaries and Kindergartens.

The original Maternity and Child Welfare Scheme was based on a Report by Dr. A. Maxwell Williamson, which was approved by the Magistrates and Council on 27th February 1917. The Scheme was amended and approved by the Local Government Board in a letter dated 26th October 1917. For reference the scheme approved in that letter is shown in Appendix II. hereto.

Certain further alterations were made in the Scheme before it came into operation and further alteration became necessary when the extension of the city boundaries took place in 1920.

The Scottish Board of Health consolidated their approvals in a letter of 6th May 1923. The additions on the original Scheme shown in that letter are also indicated in Appendix II.

The Scheme adopted by the Corporation was one of the most comprehensive and effective of all those attempted or projected by any municipality in the country, and although Dr. Maxwell Williamson's Report was presented during the stress of the last war, with all the difficulties entailed at that time, an attempt was made to carry out the recommendations in his report in all its essential features. It is of particular interest to-day to quote from Dr. Maxwell Williamson's Report to the Committee :—

> " While it is true that this far-reaching enactment (the 1915 Act)—involving, as it necessarily must, very considerable financial burdens upon Local Authorities—may appear at first sight to be inopportune, occurring as it does at a time when the fresh imposition of municipal expenditure is inadvisable, it is none the less true that, for obvious reasons, every effort must now be put forth to conserve the life of the child and mother."

The co-operation of the existing voluntary institutions in the Scheme was willingly given. The Royal Hospital for Sick Children acted as a General Consultative Centre. The Royal Maternity Hospital acted as the main centre for the maternity part of the Scheme and established special antenatal clinics which were held twice a week in premises acquired and specially adapted by them for the purpose. The Hospital Managers also put at the disposal of the Corporation a Consultant Service and arranged for the attendance of their staff on patients in their own homes when required. The Corporation made a grant to the Managers for these services of £200 per annum. The Corporation made grants to the Managers of the City dispensaries, where clinics were established, of a sum of £50 per annum for each clinic held and also made grants to other voluntary bodies concerned in the scheme.

Existing Scheme.—For the purpose of comparison the Maternity and Child Welfare Scheme as it is at present is shown in Appendix III.

The number of home visits and the number of clinics at the inception of the Scheme and at the present date are shown in Appendix IV.

III.—Statistics.

The Appendix contains tables and graphs showing the birth and infant mortality and neonatal mortality rates for the City, along with comparative figures for Scotland and the other three cities in Scotland.

Table 1 gives the infant mortality and neonatal mortality rates per 1000 live births ; table 2 the number of births, the neonatal deaths, and the deaths of infants from 1 to 12 months ; table 3 the neonatal deaths allocated to the principal causes of death ; table 4 the infant mortality with the deaths allocated to causes. Table 5 shows the infant mortality rates for the City in wards and also the degree of overcrowding and the number of unfit houses in each ward as ascertained by the survey carried out in 1935.

In those tables five years have been grouped together in order to give an adequate number of births and deaths to even out any abnormal figure which might be shown in any one year. The years 1941-1943 are included for information but no deductions or inferences should be drawn from these. It will be observed that there has been a fall in the various rates over the whole country and that this fall may be dated from the beginning of this century and that it has been most marked from the inception of the Child Welfare Schemes. At the beginning of this century the Edinburgh rate became the lowest for all the cities and it has consistently remained so. About 1925 the rate for Edinburgh became less than that for the whole of Scotland and while it follows the general trend for the country as a whole the City rate remains appreciably the lower. Since 1920 the infant mortality rate in the City has been consistently under 100 and each 5 years shows an improvement. It is well to remember that in 1900 the infant mortality rate for Scotland was less than that for England and Wales and markedly less than that for Holland. It was only during the last war that the rates for Holland and England and Wales became less than that for Scotland, but both of these countries now show rates appreciably better than that for our country. Graph No. 1 which divides the rates in the City into the neonatal and 1-12 months periods shows quite clearly in its early stages that the marked annual variations which took place were due to the deaths in the 1-12 months' period and that the neonatal rate only played a small part in the annual variations. It is only since 1936 that the deaths in the neonatal period exceed the others in Edinburgh and as shown in the Orr Report, Edinburgh is alone amongst the cities of Scotland in this respect. It is in the 1-12 months period that the deaths which are more easily preventible take place, *i.e.*, those due to respiratory and other infections, and the present position in Edinburgh is very gratifying in this respect. The tendency which was shown between 1934-1940 for the neonatal rate to increase has not been satisfactorily determined yet but there is a suggestion that the cause may be excessive mortality in the first few days of life—a matter which is receiving the combined attention of the obstetricians and the pediatricians and in which further research must be encouraged. These tables and graphs are given for the information of the Committee but this report is probably not the place to discuss them in their scientific detail. This would be a matter which I submit should be considered by the Board of Studies which the Corporation have already agreed to in their teaching arrangements with the University in connection with the new appointment to the Chair of Social Medicine.

Table 5, however, is of importance because from it can be drawn some inferences which bear on the recommendations of the Orr Committee.

IV.—ORR COMMITTEE'S RECOMMENDATIONS.

The Recommendations of the Orr Committee are shown on pages 6 and 7 of their Report.

Housing and Food.—The first of these relate to housing and from the fact that the Committee places these recommendations first it might be inferred that they are considered the primary factors in the high infant mortality rate. It goes without saying that adequate and reasonable housing conditions, coupled with the means of securing an adequate diet, are essentials in a modern civilisation but it should not be inferred from this that these are the primary factors in the problem of infant mortality and morbidity and in this connection I would refer to table 5. This table shows that there is a tendency in those wards which showed in the 1935 survey a high degree of overcrowding to have a high infant mortality rate. It is also the experience of all who have carried out schemes of re-housing and clearance that such areas invariably show a very excessive rate as compared with the general community. It has also been the experience that when groups of families are transferred to new housing areas the vital statistics show an improvement in a few years, but Dr. M'Gonigle of Stockton-on-Tees some years ago indicated in a survey which he carried out that the benefits accruing from re-housing might be offset to some extent by increased rentals, and the consequent effect on the capacity to buy an adequate diet. This finding has been queried, but experience in Edinburgh, as undernoted, suggests a line for further investigation.

Liberton ward which was added to the City in 1920 was one which was regarded as very satisfactory from the health statistics and remained so up to 1935 when the infant mortality and the tuberculosis rates rose. The only physical change which took place in this ward was due to the St. Leonard's Improvement Scheme, the majority of tenants from which were re-housed in the Niddrie area in the Liberton ward. The re-housing was completed in 1933. Since 1936 the infant mortality rate in Liberton ward has remained consistently high. In fact from this aspect the ward is now amongst the worst in the City. Is this due purely to the impact of Niddrie on the ward ? It might be suggested that the figures in 1934 and 1935 should have shown an increase which they did not, and again it might be suggested that the important factor here was the consistently high unemployment in the area, but there has been little unemployment since the beginning of this war and the rate has remained high. The following table was taken out some time ago and shows the rates for St. Leonard's and Liberton wards for 1927 and 1938—the latter year being taken to allow the Niddrie Mains area to become stable. Rates were also taken out for the Niddrie Mains area—a matter of some difficulty without an adequate statistical branch—and the main factors emerging are a high birth rate ; a high infant mortality rate, and a high pulmonary tuberculosis rate in the Niddrie Mains area in that year and a definite improvement in all these in the St. Leonard's ward, with a reverse impact on the Liberton ward statistics.

Ward.	Death Rates,		Birth Rates.		Infant Mortality Rates.		Pulmonary Tuberculosis Death-rates.	
	1927	1938	1927	1938	1927	1938	1927	1938
St. Leonard's	17·4	12·4	26·5	20·9	105	52	1·5	·4
Liberton ...	10·4	10·4	19·3	26·6	57	81	·3	·7
Niddrie Mains Area ...	—	11·5	—	41·3	—	87	—	1·1
City Rates ...	**14·3**	**12·7**	**17·9**	**16·1**	**80**	**61**	**·9**	**·6**

These investigations are lines along which further effort must be made to try and arrive at the real answer to the problem. It is obvious that neither housing alone nor food alone can be singled out as the primary factors. They are only facets in a many-sided problem, to some of which the Orr Committee has drawn attention.

Child Welfare Services.—The third of the Committee's recommendations relates to the Child Welfare Service and recommends that this Service should be improved and extended. As has been indicated, the trend of the Edinburgh statistics points to the beneficial effects of this Service in the City.

The Orr Committee recommend that the health visitors' training should be still further improved in the principles of mother and child care. This question is being studied by several committees and a finding may be anticipated at no distant date. It is probable that the recommendations will include an increase in the period of training from six to nine months with an increased emphasis on the maternity and child welfare branches of her work. At the present moment Edinburgh is a training centre but the number of trainees has to be limited to twenty-four per annum owing to the number of health visitors available to undertake the practical training. This difficulty must be surmounted before any great increase of health visitors can be expected. It also stated in the Committee's recommendations that the education of mothers is of paramount importance and is the primary function of such a service. This was, of course, the principal object of the original Child Welfare Scheme though circumstances have been such as to require the services provided under the Scheme to lay greater stress on curative work than on education and prevention. The Committee's recommendation as to improvement of these services is considered in greater detail hereafter.

Antenatal Clinics.—The fourth recommendation of the Committee relates to antenatal clinics. This is also dealt with in detail later.

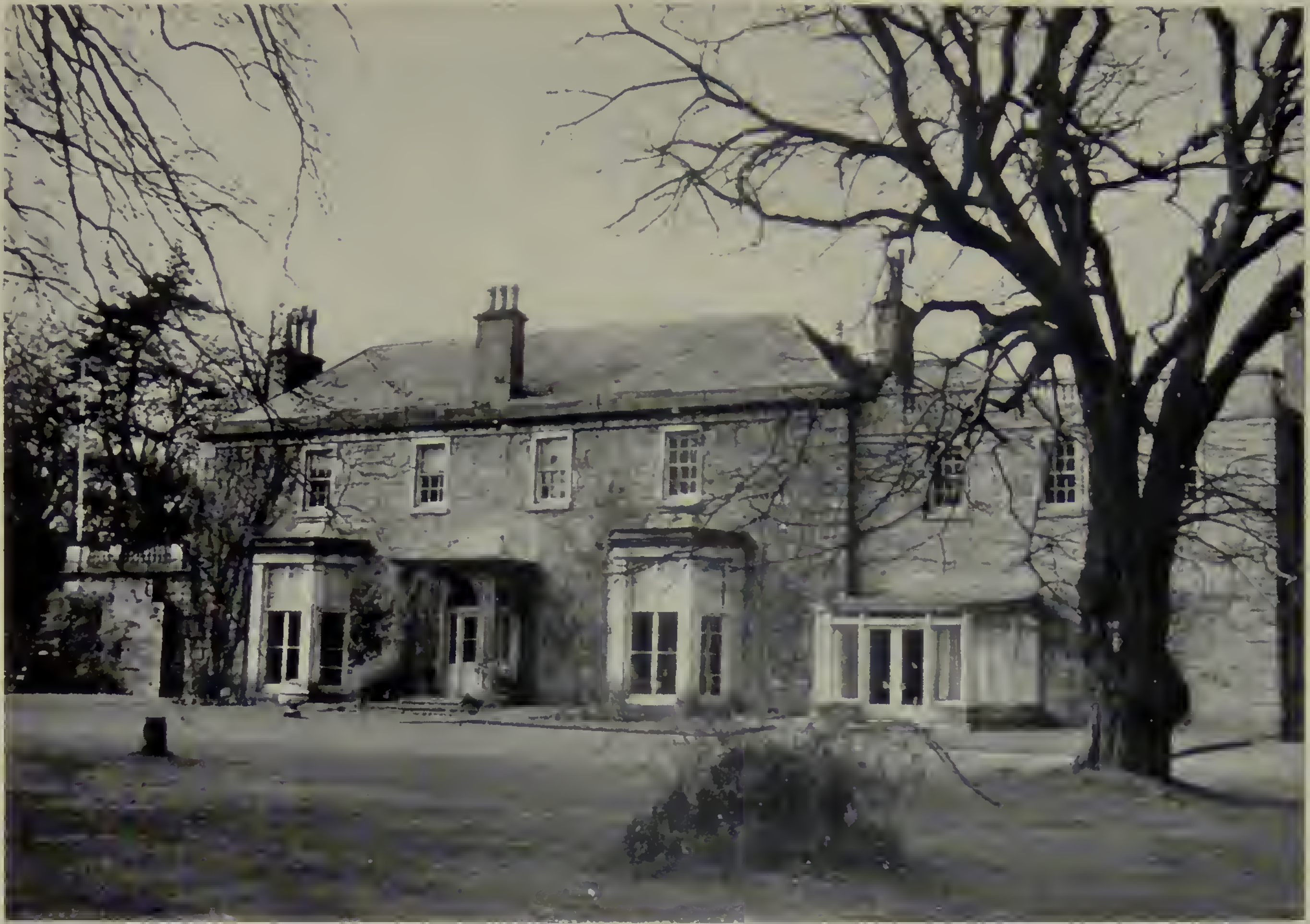
Maternity Hospitals.—The fifth recommendation relates to the need for more maternity hospital beds to provide at least 45 per 1000 total births as a first minimum to be attained. There are in Edinburgh 243 beds in maternity hospitals made up as follows :—

Simpson Memorial Maternity Pavilion	126
Elsie Inglis Memorial Hospital	65
Western General Hospital	52

There are in addition 210 available maternity beds in nursing homes in the City giving a total of 453—a number which, applied to the total number of births in the City last year, 9,569, gives a ratio of 47 beds per 1000 births. Even this number has proved insufficient to meet the demand and the Public Health Committee are considering the provision of a new unit at the Eastern General Hospital.

The question of sufficiency of beds is dependent on staffing by appropriately trained persons. While the training of midwives is a national question the fact that Edinburgh is a training centre makes it of particular importance to the Corporation. The Public Health Committee discussed the matter very fully with the bodies co-operating in the domiciliary maternity scheme and is familiar with the position. On this ground the attainment of the Orr Committee's standard is a matter for a long term policy.

Training in Child Health and Nutrition.—The sixth recommendation of the Committee relates to special training of medical staffs in child health and nutrition. This is primarily a matter for the University, and the Corporation have consistently



St. Katharine's House, Liberton.

Used at present as a Children's Home. In the surrounding Estate a Children's Unit will be developed after the war.

Photograph by courtesy of "Scotsman" Publications. Ltd.

Balgreen Wartime Nursery.
Visit by H.R.H. The Duchess of Gloucester.

Photograph by courtesy of "Scotsman" Publications, Ltd.

offered the University all the facilities at their disposal for the teaching of these subjects. The Orr Committee also recommend that education in the general principles of health and preparation for parenthood should be provided in schools. Such education has been provided in Edinburgh in a modified form for some years and is referred to later in this report.

Illegitimate and Boarded-out Children.—In their seventh recommendation the Committee suggest that the Medical Officer of Health should be Infant Life Protection Officer and the Health Visitor Infant Life Protection Visitor and that the administration of the Adoption Acts on behalf of the Local authority should be in the hands of the Clerk of the local authority and the Medical Officer of Health.

This arrangement appears to be only reasonable. The visiting of children should be carried out by a trained Health Visitor and this indeed is encouraged by recent legislation. The Children Act 1908 required the Infant Life Protection Visitors " to satisfy themselves as to the proper nursing and maintenance of the infants and to give any necessary advice or directions as to their nursing and maintenance." This service could perhaps be undertaken by an interested though unqualified individual. The Children and Young Persons (Scotland) Act, 1937, on the other hand directs the Visitors to satisfy themselves as to " the health and well-being of the children " or to give advice or directions as to " the care of their health and their maintenance." This would presuppose the employment of a trained nurse.

V.—IMPROVEMENT OF THE MATERNITY AND CHILD WELFARE SCHEME.

It may be inferred from the statistics already mentioned that the Maternity and Child Welfare Scheme has had a considerable bearing on the drop in the mortality rates and that improvement in the Scheme might accelerate a further reduction. It is, therefore, worth while considering what the ideal scheme should contain and how the existing scheme might be developed to meet that ideal.

The Ideal Scheme.—The Maternity and Child Welfare Scheme should be closely linked up with parentcraft and housecraft education in the schools. The scheme itself should be based on education (using the term in its broadest sense) of both parents and children and should embrace all medical and social activities bearing upon the health and welfare of all children from the period of conception to the school leaving age. Such a concept includes the supervision of the mother and child during pregnancy, birth, neonatal period, infancy, pre-school years and ordinary school life up to the period of commencing adolescence. These various stages should be looked upon as one complete service and may be grouped under three main divisions in that Service as follows :—

(1) Pregnancy, birth and neonatal life (conception to 4 weeks old).
(2) Infancy and pre-school period (from 4 weeks up to 7 years of age).
(3) Ordinary school period (from 7 years to 15 years of age).

Under each of these divisions the following services would be provided :—

Division 1.—Maternity Service.

(*a*) *Pregnancy*—

Home—(Home visits, Home helps, confinement outfits, nutrition, antenatal supervision.)

Clinic.—(Antenatal examinations, cooking and clothing lessons, nutrition, health talks.)

Hospital.—(Antenatal, laboratory service.)

(*b*) *Birth and puerperium*—

Home.—Confinement by doctor or midwife or both. Specialist Obstetrician and Anæsthetist; post-puerperal examination.)

Hospital.—(Normal and abnormal confinements, post-puerperal examination.)

Maternity Homes.—(Normal confinement.)

(*c*) *Neonatal period*—

Premature and Debilitated Infants.—(Air conditioning segregation from infection, etc.)

Injuries at birth.—(Cerebral hæmorrhage, etc.)

Congenital Malformations.—(Surgery, Orthopædics.)

Feeding.—(Establishment of breast feeding, Breast Milk Bureau.)

Division 2.—Infancy and Pre-School Services.

(*a*) *Infancy* (1 *month to* 2 *years*)—

Home.—(Visits of doctors and health visitors and of pediatrician where called for, education of the mother, development and upbringing of the infant, adoptions, boarding out.)

Hospital.—(Doctor and nurse for all illness.)

Convalescent Homes.—(Malnutrition, Debility, etc.)

Convenience Homes.—(During confinement or illness of mothers.)

Clinics.

Laboratory Service.

Day Nursery.—(For exceptional cases in infants of this age.)

(*b*) *Pre-School Children* (2-7 *years*)—

Home.—(Doctors and Health Visitors.)

Hospital.—(During illness.)

Clinic.—(Health, minor ailments, teeth, violet rays, posture clinics, orthopædic, guidance, etc.)

Toddlers' Playgrounds.—(Health development while mother gets house and shopping attended to from 10 to 12 noon.)

Nursery School.—(Normal physical and mental development encouraged.)

Day Nursery.—(While mother out working, for children unsuitable for Nursery School.)

Residential Homes.—(Debility, convenience, rheumatic, orthopædic, blind, also deaf and dumb institutions, mental defectives, etc.)

Division 3.—School Children (7 years to 15 years).

Home.—(Doctors, school nurses, etc., teachers for special cases.)

School.—(Teachers, doctors, school nurses, regular examinations of children and follow-up, etc., parentcraft and housecraft.)

Residential Institutions.—(Malnutrition, debility, convalescent, convenience, rheumatic, orthopædic, mental defect, physical defects, guidance.)

Special Schools.

Gymnasium, Swimming Baths and Playing Fields.—(Adapting exercises to individual capacity as recommended by doctor.)

Clinic.—(Skin, ear, nose and throat, eye, minor ailments, dental, rheumatic, nutrition, guidance, etc.)

Hospital.—(Acute conditions, etc.)

It is assumed that alongside these services, financial assistance will be available by way of family allowances as suggested in the Beveridge Report.

Towards this ideal Scheme the Corporation have recently taken a number of steps. Thus, as regards the Maternity Service, there is now in existence the Domiciliary Maternity Scheme which provides for medical and midwifery supervision in the home and at the clinics, while as regards children the Corporation have approved in principle of the provision of a Children's Unit and child guidance scheme and are at present considering the setting up of a regional Orthopædic Service. The Committee have also agreed to the provision of dental services under the Maternity and Child Welfare Scheme to a limited extent.

Many of the other services shown in the ideal scheme were contemplated as part of the Corporation's original scheme.

The Existing Scheme.—As will be seen from Appendix III. the Scheme at present comprises 25 antenatal and postnatal clinics held at 15 Centres under the clinical charge of members of the staffs of the Maternity Hospitals in the City. There are also 36 supervisory and preventive clinics held each week at 18 centres and in addition there are 12 special clinics held weekly for Ultra Violet Ray therapy. All of these are under the clinical charge of the permanent medical staff. Only one Child Clinic—the Rheumatic Clinic—is under the clinical direction of a part-time physician on a sessional basis. The medical staff is insufficient at present to permit of the attendance of a doctor at every clinic held, while the clinics they do attend are mostly overcrowded and the doctors' time tends to be taken up more with curative medicine (minor ailments, etc.) than with the real preventative work of supervising the normal child.

It will be observed that the table of visitors and clinics in Appendix II. shows little increase in the number of home visits by health visitors in 1943 compared with 1919. In explanation it may be pointed out that the number of visitors has not materially altered since 1919 and the number of clinics held as shown in that table has increased five-fold. This indicates a need for the appointment of more health visitors if home visiting is to be adequately overtaken. Most of the child welfare centres in the City are inadequate for the work involved. They are mostly old or adapted buildings with insufficient accommodation and space. The Clinics are overcrowded and are unable to deal with the numbers who should be attending while certain areas of the City are not covered. The criticism of the buildings in which the clinics are housed does not, however, appear to be confined to Edinburgh. The Orr Committee say of clinic buildings :—

> "Often the buildings are ill-lighted, badly ventilated and dingy; insufficiently heated, cramped, and without facilities for lectures and demonstrations. Even if the premises are suitable it may be necessary in order to deal with all the subjects to crowd the clinic sessions beyond the capacity of the staff to do efficient work. Frequently there may be poor premises and over-crowding."

While an endeavour has been made to educate mothers since the inception of the scheme through mothers' classes and otherwise, it is only recently that a real effort to reach all prospective mothers through the schools has been made by the introduction of instruction by health visitors seconded for the purpose.

Future Development.—The following proposals are made as to the manner in which the existing scheme might be developed towards the ideal suggested above.

(1) Special Sub-Committee.—In order to maintain in the Maternity and Child Welfare Services the enthusiasm essential for a successful scheme a special Sub-Committee should be appointed to which would be referred the duties of the Public Health, Education and other Committees relating to the welfare of mothers and children.

The staffs of the service should be carefully selected with a view to the appointment of personnel with a sense of vocation.

(2) Education of Children.—The most important element in connection with Maternity and Child Welfare is the education of the mother and prospective mother in parenthood. The ideal would be to aim at the education in school of all senior girls and, if it can be arranged, of boys also in housecraft and parentcraft. An informal beginning was made in such teaching in a small way in the City at the Education Housewifery Centre some years ago. This Scheme reached a more formal stage through the co-operation of the Education and Public Health Departments in the teaching of senior girls by Health Visitors seconded for the purpose. This Scheme has been eminently successful and should be expanded. It has been in existence exactly one year and it is on record that since then over 700 school girls have attended the classes which are mainly practical.

Group teaching of mothers should be intensified. This form of teaching was started in 1924 when the then Lord Provost, Sir Thomas Hutchison, presented a shield for competition by mothers attending child welfare clinics. The numbers attending the classes steadily rose from 35 in 1924 to over 300 in 1936 in which year 193 took part in the competition for the shield as against 13 in the first year.

Maternity and Child Welfare Scheme.—It is proposed that the existing Maternity and Child Welfare Scheme should be reorganised and the services provided by it intensified. It is obvious that this cannot be fully accomplished under present conditions but it is suggested that the lines of development might be approved in principle and the Scheme developed along these lines.

It is submitted that development should be on the basis of that already approved for the re-organisation of the School Medical Service so that there could be co-operation and ultimate amalgamation of the two Services, thus making one complete service for mothers and children.

Under this re-organisation, the City, for the purposes of Maternity and Child Welfare, would be divided into eight districts based on the school medical inspection districts, to each of which one Medical Officer would be allocated, with an appropriate number of Health Visitors. The duties of these Medical Officers and Health Visitors would include home visiting and home assistance leading to an intensification of the preventive as distinct from the curative aspect of the service. It is patent that it is in the homes of the people more than in the clinics that effective preventive work can be taught and carried out.

The Orr Committee in their third recommendation suggest that no health visitor should be responsible for the care of more than 500 children under 5 years of age.

In regard to Clinics the Corporation's general policy is that five Health Centres with Services from all Departments should be established at suitable points in the City. These should form the main Centres under the scheme and in addition one Sub-Clinic should be established in each of the eight districts. The main centres would require to be new buildings and it is further suggested that few or none of the existing Clinic premises are suitable for even the minor Clinics.

Minor clinics would be supervised by the Medical Officer of the district but a separate specialist staff would be required for the main Clinics. The Health Visitors would form the basis of the nursing services in all Clinics and districts but certain routine duties might well be performed by state registered nurses not necessarily holding the Health Visitor's Certificate. Specialist Services, including Dental Services, would be provided at the main Clinics by the Corporation's own staff, *e.g.*, V.D., Tuberculosis, Child Guidance, etc.; by the services of part-time staffs on a sessional basis or by an arrangement whereby the services of the Specialist Staff in the various Units of the Municipal General Hospitals would be made available in a consultative capacity. Bacteriological work would be undertaken under the existing agreement with the University.

These proposals are made without knowledge of the Government's policy as regards a national health service, but the staffing of the Scheme would require to fit into that policy.

Clerical staff would be appointed to the various main and district clinics to relieve the medical staffs and Health Visitors of routine clerical work, recording, etc.

From these Centres mothers and children would be referred, if necessary, for hospital treatment to the appropriate hospital. Children would also be referred to the appropriate section of the children's unit.

These services would be supplemented by day nurseries where mothers might leave their children during the day while they were at work or for other exceptional reasons, and by a Children's Home or Homes where there would be accommodated "convenience" children, *i.e.*, children whose mothers were unable to care for them because of the necessity of entering a hospital during a confinement or for other reasons. Day nursery accommodation on a satisfactory scale is available at present for war workers in the wartime nurseries which have been set up by the Corporation at the request of the Government. Although they represent a wartime expedient, it may be that some of the nurseries will be continued after the war.

Four of them are situated in specially designed *ad hoc* buildings in needy centres, and the Corporation have an option to acquire those buildings when their wartime purpose has been served.

Advantage would be taken of existing municipal services and voluntary agencies which provide institutions for expectant and nursing mothers ; for infants and children ; nursery schools for deaf and dumb children, and for blind children ; homes for cripple children, etc., and non-residential institutions, such as nursery schools, toddlers' playgrounds, etc.

Alongside these services would run the Domiciliary Maternity Service which provides for doctor, midwife, and specialists. It is suggested that this scheme should be supplemented by the provision, under the Maternity and Child Welfare Scheme, of institutional treatment where that is considered necessary by the doctor, so as to avoid the necessity of the mother being faced with a charge for the domiciliary scheme and an additional charge for the hospital services.

In order to supplement the diets of mothers greater use should be made of the provision of adequate and well balanced meals for both mothers and children. Such an extension of the existing Service might be provided in co-operation with the British Restaurants or School Cooking Centres. Priority supplies of milk, fruit juice, etc., are already available to mothers and children under the Government's Scheme. It is further suggested that every maternity hospital should have on its staff a dietitian specially trained in the needs of mother and child.

The provision of Home Helps should be augmented. Arrangements should be made with the University to so link up the staff of their department of Child Life and Health with the comparable municipal services that full use may be made of all the available resources in respect of teaching, research, prevention and treatment. Preliminary steps have already been taken towards this end and will shortly be discussed by the Committee.

For Immediate Adoption.—There are a number of steps which should be taken immediately with a view to the improvement of the service. These are as follows :—

(1) The present medical staff consists of the Child Welfare Officer, 2 senior doctors and 3 trainees. For some time such trainees have not been available and are not, in any event, the type of doctor who could take charge of a district. In fact, three doctors fully qualified for child welfare work are at present occupying these posts at the salaries of trainees. It would be impossible to replace them at these salaries should they leave and it is suggested that these three posts should be dispensed with at once and replaced by three posts at the salary of £600. The medical staff should also, as opportunity offers, be increased by three to allow of one Medical Officer taking charge of each of the eight districts.

(2) The number of Health Visitors should, in the meantime, be increased by ten to overtake the home visiting which should be undertaken and cannot be done at present.

(3) An endeavour should be made to provide clinics at Gilmerton and Pilton, while the Firrhill and Colinton areas must also be considered. These areas will ultimately be covered by new clinics to be provided under the extension of the Scheme mentioned above but in the present circumstances temporary accommodation might meet the case. A request has also been under consideration by the Committee for the provision of a clinic in the Bruntsfield Area and for additional facilities at Niddrie and Craigmillar but under present difficulties of finding accom-

modation and staff it is thought that provision for these areas should be continued meantime. A new wartime nursery is being erected at Craigmillar.

(4) **Home Helps.**—An endeavour should be made to organise home helps. It is difficult for mothers to obtain such help at the present time, but there is a reservoir of whole-time and part-time workers whose names might be placed on a panel and some instruction given to them on cooking and home management. This training could be made interesting and might encourage the right type of woman to undertake help in homes when a mother is ill.

(5) **Meals.**—The possibility of providing nourishing meals for mothers and children from British Restaurants and School Cooking Centres should be considered. Further efforts should be made to increase the take-up of fruit juices and other concentrates. Instruction in the preparation of simple yet nutritive dishes on a kitchen fire, gas ring, or gas cooker with utensils commonly found in a small household, should be given by qualified cookery demonstrators to small groups of women. Valuable co-operation in this work could be obtained from the Gas Department or the Ministry of Food who have on their staff expert women cooks who understand the needs of a small household.

(6) **Education.**—The talks on mothercraft by health visitors to girls in school should be extended. There should also be a revival of the mothercraft classes which the Child Welfare Department conducted successfully before the war. Each health visitor should organise in her district a series of talks by doctors and others to be given to small groups of women on such subjects as the correct feeding and clothing of children, choice of foods for herself and family, methods of cooking, home management, renovations, and so on. The interest of fathers should be stimulated. These meetings could be made attractive by the inclusion of film shows and demonstrations of foods and clothing. Publicity should be given in the women's columns of the Press to the wide scope of the Services available under the Maternity and Child Welfare Scheme, and topical articles on mothercraft should appear more frequently. The fullest use should be made of propaganda which may be expected from the recently constituted Central Council for Health Education.

(7) **Clerical Staff** to undertake duties in the existing Clinics should be appointed. A scheme will require to be worked out so that all clinics are covered and this will mean an alteration in the times of the various clinics in order to make the most efficient use of this staff.

In conclusion it may be said that the Orr Report is a most informative publication but it contains compartively little information which was not already familiar to all those interested in the problem. It may be that the presence of a biologist on the Committee would have broadened the scope of its enquiries and suggested new lines along which investigations should be made. On this subject the close connection which has been established between the University and the Corporation in the new department of Social Medicine must be regarded as a means of opening up new avenues of investigation into the problems of child life and health and may well prove to be the turning point in the campaign for the better health of the child.

W. G. CLARK,
Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
EDINBURGH, 15*th February* 1944.

APPENDIX I.

LEGISLATION RELATING PARTICULARLY TO THE WELFARE OF MOTHERS AND CHILDREN.

Births and Deaths Registration Act, 1854, requires the registration within 21 days of every live birth with the local registrar of the district in which the birth has taken place.

Registration of Still Births (Scotland) Act, 1938, requires all still births to be similarly registered.

Vaccination (Scotland) Acts, 1863/1907, require the father, mother or other person having the care or custody of a child to cause the child to be vaccinated by a medical practitioner within six months after the birth of the child.

Public Health (Scotland) Act, 1897, makes provision for *inter alia* the general prevention and mitigation of infectious and other diseases, the provision of hospitals and ambulances, and authorises local authorities to defray the cost of vaccinating or re-vaccinating such persons as they think expedient.

Infectious Disease (Notification) Act, 1889, requires the notification of infectious diseases to the Medical Officer of Health.

Notification of Births (Extension) Act, 1915, requires all live and still births to be notified within 36 hours to the Local Authority in whose district they occur. (This is in addition to the registration mentioned above.) The Act also authorises local authorities in Scotland to make such arrangements as they think fit and as may be sanctioned by the Central Department for attending to the health of expectant mothers and nursing mothers and of children under 5 years of age within the meaning of the Education (Scotland) Act, 1908.

The Midwives and Maternity Homes (Scotland) Acts, 1915 and 1927.—Under the first Act the Central Midwives Board was set up and the duties of supervision of midwives largely delegated to local authorities to whom application requires to be made each year by any person desiring to practise as a midwife in the area. The Act of 1927 amended the 1908 Act and for the first time required Maternity Homes to be registered with local authorities.

Nursing Homes Registration (Scotland) Act, 1938.—Amends and repeals certain provisions of the Midwives and Maternity Homes (Scotland) Act, 1927, and extends the requirements as to registration with the Local Authority of all Nursing Homes.

The Maternity Services (Scotland) Act, 1937, places on Local Authorities the duty of making arrangements for the provision of a Domiciliary Maternity Service Scheme based on the employment of services of doctors, midwives, anæsthetists, and specialist obstetricians.

The Children and Young Persons (Scotland) Act, 1937, repeals certain provisions of the Children Act, 1908 and the Children and Young Persons (Scotland) Act, 1932. The 1908 Act made provision for the supervision of the care and well-being of children boarded out with foster parents for gain and the 1932 Act amended the 1908 Act in certain respects. The 1937 Act raised the age of boarded-out children who are to be supervised by the Local Authority from 7 to 9 years and authorised the appointment of Child Protection Visitors by Local Authorities. It also authorised the removal of boarded-out children kept in unsuitable premises or by unsuitable persons.

The Adoption of Children (Scotland) Act, 1930, makes provision for adoption to be carried out under the authority of the Court and the Adoption of Children (Regulation) Act of 1939 provides for the registration of Adoption Societies with the Local Authority.

Regulations and Memoranda.—Regulations and Memoranda have been issued by the Central Departments from time to time dealing with various phases of Maternity and Child Welfare work.

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APPENDIX II.

SCHEME APPROVED BY LOCAL GOVERNMENT BOARD, 26th OCTOBER 1917.

I. Administrative and Executive Staff.

(1) **Medical Officers.**—The Medical Officer of Health to be Administrative and Executive Officer under the Scheme.

(2) **Health Visitors.**—

1 Health Visitor at £110 per annum.
10 Health Visitors at £85 to £110 per annum.
About 300 members of the Voluntary Health Visitors' Association to act as Voluntary Health Visitors.

II.—Non-Residential Institutions.

(1) **Maternity Centres.**—Centres will be provided at the following Institutions :—

(*a*) Royal Maternity Hospital.
(*b*) Hospice, 219 High Street.
(*c*) 25 Grove Street.
(*d*) 1 Wheatfield Road, Gorgie.
(*e*) Royal Public Dispensary, West Richmond Street.
(*f*) Western Dispensary, Riego Street.
(*g*) Provident Dispensary, Marshall Street.
(*h*) Medical Mission Dispensary, Cowgate.
(*i*) Deaconess Hospital, St. Leonard's.
(*j*) Dunbar's Close Dispensary, Canongate.

These Centres will be under medical superintendence.

(2) Child Welfare Centres.—Centres will be provided at the following Institutions :—

(*a*) Royal Hospital for Sick Children.
(*b*) Hospice, 219 High Street.
(*c*) 25 Grove Street.
(*d*) 1 Wheatfield Road, Gorgie.
(*e*) 60 Pleasance.
(*f*) St. Bernard's Hall, Stockbridge.
(*g*) Dunbar's Close Dispensary, Canongate.
(*h*) Royal Public Dispensary, West Richmond Street.
(*i*) Western Dispensary, Riego Street.
(*j*) Provident Dispensary, Marshall Street.
(*k*) Medical Mission Dispensary, Cowgate.
(*l*) Deaconess Hospital, St. Leonard's.

These Centres will be under medical superintendence.

(3) Special Treatment Centres.—

(*a*) *Mothers.*—A centre at the Royal Maternity Hospital. Clinics held twice weekly.

(*b*).—*Children.*—A Centre at the Royal Hospital for Sick Children. Clinics held each afternoon.

Centres at the Hospice—
25 Grove Street.
1 Wheatfield Road, Gorgie.

(4) Day Nurseries.—

Four at—(*a*) 69 Dumbiedykes Road.
(*b*) 6 Grove Street.
(*c*) 12 Danube Street.
(*d*) 34 Sciennes Road.

(5) Child Gardens (Kindergartens).—

Five at—(*a*) St. Saviour's Child Gardens (Free Kindergarten), Chessel's Court.
(*b*) Provincial Council's Kindergarten, Gilmore Place.
(*c*) Hope Cottage Child Garden (Kindergarten), Middleby Street.
(*d*) Child Garden (Free Kindergarten), 12 E. Adam Street, and
(*e*) Free Kindergarten, Reid's Court, Canongate.

(6) Play Centres.—

at—60 Pleasance and Bedford Crescent.

Facilities for the instruction of pupils and students afforded under the Scheme. Instruction and demonstration in the feeding and clothing of children at the various Maternity and Child Welfare Centres.

III.—Residential Institutions.

(*a*) Hospitals.—

(1) *Mothers.*— Royal Maternity Hospital.
Hospice.
Hospital for Women and Children.
Colinton Mains Hospital.

(2) *Children.*— Royal Hospital for Sick Children.
Hospice.
Hospital for Women and Children.
Colinton Mains Hospital.

(*b*) **Convalescent Homes.**—
Humbie Holiday Home.

IV.—Home Visitation.

Embracing expectant and nursing mothers, and children up to five years of age and carried out by health visitors, assisted by members of Voluntary Health Visitors' Association, under direction and supervision of the Medical Officer of Health.

V.—Provision of Assistance in Confinement Cases at Home.

Skilled assistance provided where required. Arrangements to be made through the various Maternity Centres for this service.

VI.—Schools for Mothers and Young Women.

Present classes conducted in various schools in the City under the School Board to be continued.

VII.—Records.

Records to be kept at all institutions included in the Scheme and of home visitation.

VIII.—Provision of Food and Milk.

Restaurants for mothers to be established at—
11 High Street.
140 High Street and
81 Fountainbridge.

Milk to be supplied at the various Centres under the Scheme and at the Public Health Office.

Food and Milk to be supplied on certificates of the Medical Officer of Health and Medical Officers.

Additions sanctioned by the Scottish Board of Health on 6th March 1923.

I. **Administrative and Executive Staff.**—

(*a*) **Medical Officers**—

Executive Medical Officer—Dr. T. Y. Finlay.

Medical Officers of Centres—Qualified Medical Practitioners who act as part-time Medical Officers—the Executive Medical Officer.

(*b*) **Health Visitors**—

One Superintending Health Visitor; eight whole-time Health Visitors and three Assistant Health Visitors or such lesser number of Health Visitors as may be found necessary, assisted by members of the Voluntary Health Visitors' Association.

(c) Inspectors of Midwives—

Inspector of Midwives—The Medical Officer of Health.
Assistant Inspector of Midwives—The Superintending Health Visitor.

II. Non-Residential Institutions.—

(1) Maternity Centres—

221 High Street as substitute for Hospice, 219 High Street.
Torphichen Street as substitute for 25 Grove Street.
Raeburn Place as substitute for St. Bernard's Hall, Stockbridge.
29 Windsor Street.
Bath Street, Portobello.
South Fort Street, Leith.

(2) Child Welfare Centres—

Torphichen Street as substitute for 25 Grove Street.
Raeburn Place as substitute for St. Bernard's Hall, Stockbridge.
29 Windsor Street.
221 High Street as substitute for Hospice, 219 High Street.
Bath Street, Portobello.
South Fort Street, Leith.

(3) Special Treatment Centres—

Children—Royal Hospital for Sick Children, at which suitable cases from the other Child Welfare Centres will also receive treatment.
221 High Street as substitute for Hospice 219 High Street.
Torphichen Street as substitute for 25 Grove Street.
Deaconess Hospital.
Medical Mission Dispensary, Cowgate.
City Hospital, Edinburgh.
South Fort Street Child Welfare Centre.

(4) Day Nurseries—

28 Tolbooth Wynd, Leith (Voluntary).
South Fort Street Child Welfare Centre.
34 Sciennes Road discontinued.

(5) Outdoor Play Centres—

South Fort Street Child Welfare Centre.
Medical Mission Dispensary, Cowgate (Indoor).
Tollcross.
Moray-Knox Church.
Fountainbridge.
St. Anne's Playrooms.
Wesleyan Methodist Mission, Central Halls.

III. Residential Institutions.—

(1) Hospitals—

(*a*) *Mothers*—Arrangements are made for the admission of suitable cases to the following Institution, viz. :—

Deaconess Hospital.

(*b*) *Children*—Arrangements are made for the admission of suitable cases to the following Institutions, viz. :—

Victoria Park House (Malnutrition cases).
Deaconess Hospital.

(2) Convalescent Homes.—

Gogarburn House.
Victoria Park House.

IV. Provision of Skilled Assistance in Confinement Cases at Home.—

In normal cases of confinement, where skilled assistance is not available, the Local Authority provides the services of a competent midwife, and of a doctor, where a competent midwife is not available.

In cases of emergency, as defined in the Rules of the Central Midwives' Board for Scotland, the services of a doctor is provided by the Local Authority.

In necessitous cases the Local Authority bear the cost of these services wholly or partly, according to the means of the recipient.

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APPENDIX III.

EXISTING MATERNITY AND CHILD WELFARE SCHEME.

I. Administrative and Executive Staff.—

(*a*) Medical Officers—

Medical Officer of Health.
Maternity and Child Welfare Medical Officer.
2 Senior Assistant Maternity and Child Welfare Medical Officers ... ... £600 p.a.
3 Junior Assistant Maternity and Child Welfare Medical Officers ... ... £200-£250 p.a.
Specialist Part-time Medical Officers in clinical charge, on sessional basis, of Ante-natal Clinics and Rheumatic Clinic.

(*b*) Health Visitors—

(1) Permanent Staff—

*21 Whole-time Child Welfare Health Visitors ... £250-£320 p.a.

(2) Temporary Staff—

3 Probationer Child Welfare Health Visitors each for a year ... ... £100 p.a.
*(5 are seconded for other duties and have been replaced by 5 temporary substitutes).

(*c*) Inspector of Midwives—Medical Officer of Health.
Supervisor of Midwives—£400-£500 p.a.

II. Non-Residential Institutions.—

(1) Ante-natal Centres—

- (*a*) Western General Hospital.
- (*b*) Simpson Memorial Maternity Pavilion, Royal Infirmary.
- (*c*) Elsie Inglis Memorial Hospital.
- (*d*) Provident Dispensary (Marshall Street).
- (*e*) Medical Mission Dispensary (Cowgate).
- (*f*) Torphichen Street.
- (*g*) Gorgie (Alexander Drive).
- (*h*) Granton (Royston Mains Crescent).
- (*i*) Leith (South Fort Street).
- (*j*) Murrayburn (Murrayburn School, Sighthill Loan).
- (*k*) Niddrie (Craigmillar College).
- (*l*) Portobello (Rosefield Avenue Lane).
- (*m*) Prestonfield (Clearburn Crescent).
- (*n*) Stenhouse (Old Saughton House, Fords Road).
- (*o*) Stockbridge (Henderson Row).

(2) Child Welfare Centres—

- (*a*) Medical Mission Dispensary (Cowgate).
- (*b*) Elsie Inglis Memorial Hospital (Spring Gardens).
- (*c*) Gorgie (Alexander Drive).
- (*d*) Granton (Royston Mains Crescent).
- (*e*) High Street (Old Stamp Close).
- (*f*) Leith (South Fort Street).
- (*g*) Lochend (Lochend Parish Church Halls, Restalrig Road South)
- (*h*) Provident Dispensary (Marshall Street).
- (*i*) Murrayburn (Murrayburn School).
- (*j*) Niddrie (Craigmillar College).
- (*k*) Pleasance (Pleasance Trust).
- (*l*) Portobello (Rosefield Avenue Lane).
- (*m*) Prestonfield (Clearburn Crescent).
- (*n*) Simpson Memorial Maternity Pavilion, Royal Infirmary.
- (*o*) Stenhouse (Old Saughton House, Fords Road).
- (*p*) Stockbridge (Henderson Row).
- (*q*) Torphichen Street.
- (*r*) Windsor Street.

(3) Special Treatment Centres—

- (*a*) *Mothers*—
    - (1) Windsor Street (V.D. cases).
    - (2) Simpson Memorial Maternity Pavilion (V.D. cases).
    - (3) City Hospital.

- (*b*) *Children*—
    - (1) Royal Hospital for Sick Children Rheumatic Clinic.
    - (2) Leith (South Fort Street).
      Pleasance.
      Portobello.
      Prestonfield.
      Windsor Street.

(4) Day Nurseries.—

Temporarily in abeyance.

(5) Nursery Schools.—

(*a*) Blind Asylum	VOLUNTARY.
(*b*) Cameron House	
(*c*) Children's House, Niddrie	
(*d*) Grassmarket	
(*e*) Hope Cottage, E. Crosscauseway	
(*f*) Princess Elizabeth, Prestonfield	
(*g*) Reid's Court, Canongate	
(*h*) Tynecastle Nursery School, Gorgie	
(*i*) Cowgate Nursery School (People's Palace)	
(*j*) Lochrin Nursery School	EDUCATION.
(*k*) St. Leonard's Nursery School	
(*l*) Stanwell Street, Leith Nursery School	

(*m*) Moray House Nursery School—E.P.T. COLLEGE.

(6) Outdoor Play Centres.—

(*a*) Abbeyhill	VOLUNTARY.
(*b*) Barony Place	
(*c*) Craigentinny	
(*d*) High School Yards	
(*e*) High Street	
(*f*) Jamaica Street	
(*g*) Marshall Street	
(*h*) Pleasance	

(*i*) Portobello.
(*j*) Stockbridge.
(*k*) Tron Square.
(*l*) Granton.
(*m*) Leith—
Yardheads, Admiralty Street.
Lochend Church Hall.
Pilton, Church Cottages, Pennywell Road.
St. Ninian's, 15 Johnston Street, Leith.

(7) Wartime Nurseries.—

(*a*) South Fort Street.
(*b*) Portobello.
(*c*) Links Place.
(*d*) Bonnington Road.
(*e*) Tollcross.
(*f*) Cowgate.
(*g*) Chessels Court.
(*h*) Fountainbridge.
(*i*) Pleasance.
(*j*) St. Kentigern's.
(*k*) David Kilpatrick.
(*l*) Granton.
(*m*) Lochend.
(*n*) Craigentinny.
(*o*) Stockbridge.
(*p*) Gorgie.
(*q*) Balgreen.
(*r*) Roseburn.
(*s*) Murrayburn.
(*t*) Stenhouse.
(*u*) St. Matthew's.
(*v*) Niddrie.
(*w*) St. Stephen's.

III. **Residential Institutions.—**

(1) **Hospitals—**

(*a*) *Mothers—*

Western General Hospital.
Simpson Memorial Maternity Pavilion, Royal Infirmary.
Elsie Inglis Memorial Hospital.
City Hospital.

(*b*) *Children—*

Western General Hospital.
Royal Hospital for Sick Children.
City Hospital.
Victoria Park House (Malnutrition cases).

(2) **Convalescent Homes—**

Challenger Lodge.
Drygrange House.
Strathearn House.
Dumbiedykes Nursery.
Viewforth Nursery.

* * *

APPENDIX IV.

HOME VISITS AND CLINICS.

HOME VISITS.

1920		1943	
	Number		Number
First Visits	7,789	First Visits	6,549
Subsequent Visits	63,309	Subsequent Visits	37,058
Expectant Mothers	1,061	Expectant Mothers	1,800
		Post-natal Visits	5,861
	72,159		51,268

CLINICS.

1920	Number	Attendances	1943	Number	Attendances
Infant Clinics ...	1,266	28,100	Infant Clinics ...	1,961	56,884
			U.V.R. Clinics ...	667	11,335
Ante-natal Clinics	547	6,494	Ante-natal Clinics	1,151	50,368
	1,813	34,594		3,779	118,587

In 1943 the corrected number of births for the City was	7,605
In 1939 the estimated number of children under 5 years of age in the City was	35,057

CITY OF EDINBURGH.

INFANT MORTALITY AND NEONATAL MORTALITY RATES.

(Per 1000 Births).

Year.	Infant Mortality Rate.	Quinquennial Average	Neonatal Mortality Rate	Quinquennial Average.	Mortality Rate 1-12 Months.	Quinquennial Average.
1911	115		42		73	
1912	110		45		66	
1913	101		41		60	
1914	110		44		66	
1915	132	114	44	43	88	71
1916	100		45		55	
1917	123		42		81	
1918	94		40		54	
1919	117		43		73	
1920	89	105	38	42	51	63
1921	96		38		58	
1922	91		37		54	
1923	82		33		49	
1924	89		36		54	
1925	96	91	33	35	63	56
1926	80		30		50	
1927	80		33		47	
1928	75		31		44	
1929	80		35		45	
1930	82	79	32	32	49	47
1931	69		33		36	
1932	73		32		41	
1933	66		32		34	
1934	62		29		34	
1935	70	68	34	32	35	36
1936	68		34		34	
1937	70		38		32	
1938	61		34		27	
1939	59		33		27	
1940	68	65	34	35	34	31
1941	66		32		34	
1942	56		29		27	
1943	54		27		26	

Note.—The Infant Mortality Rate is the number of registered deaths of infants under the age of twelve months during any year, per 1000 live births registered during the same year.

The Neonatal Mortality Rate is the number of registered deaths under four weeks, per 1000 live births registered during the same year.

TABLE 1.

CITY OF EDINBURGH.

BIRTHS AND INFANT DEATHS.

Year.	Births.		Neonatal Deaths.		Deaths. 1-12 Months.		Total Deaths Under 1 Year.	
	No.	Average.	No.	Average.	No.	Average.	No.	Average.
1911	6,507		275		475		750	
1912	6,346		285		417		702	
1913	6,243		254		377		631	
1914	6,466		283		426		709	
1915	5,851	6,283	257	271	517	442	774	713
1916	5,748		258		317		575	
1917	4,913		204		400		604	
1918	4,830		195		258		453	
1919	5,612		243		411		654	
1920	7,774	5,775	294	239	394	356	688	595
*1921	9,028		346		525		871	
1922	8,772		322		476		798	
1923	8,662		286		425		711	
1924	8,404		300		452		752	
1925	7,843	8,542	259	303	492	474	751	777
1926	7,926		239		393		632	
1927	7,621		254		352		606	
1928	7,420		226		327		553	
1929	7,304		254		327		581	
1930	7,307	7,516	235	242	361	352	596	594
1931	7,164		233		259		492	
1932	6,960		223		284		507	
1933	6,835		217		236		453	
1934	7,188		207		242		449	
1935	7,037	7,037	242	224	248	254	490	478
1936	7,391		252		253		505	
1937	7,375		282		234		516	
1938	7,549		257		205		462	
1939	7,300		239		193		432	
1940	6,930	7,309	233	253	235	224	468	477
1941	6,934		223		238		461	
1942	7,386		212		203		415	
1943	7,605		208		199		407	

*City Boundaries extended to include Leith and Suburban Areas.

TABLE 2.

CITY OF EDINBURGH.

NEONATAL MORTALITY.

(Rate per 1000 Births.)

Year.	Premature Birth.	Injury at Birth.	Congenital Malformations.	Atrophy Debility Marasmus.	Diarrhœa and Enteritis.
1911	21·1	2·0	3·6	5·7	·6
1912	21·3	1·4	3·0	6·9	·3
1913	20·5	1·1	2·6	5·1	1·4
1914	17·0	1·4	3·1	9·9	·5
1915	18·3	·2	2·4	9·9	·7
1916	22·8	·3	4·3	7·0	·7
1917	22·4	·4	1·8	5·5	·2
1918	18·4	1·2	1·7	10·6	·2
1919	22·3	·9	2·1	9·5	·2
1920	16·0	1·8	2·3	5·7	·1
1921	19·5	·3	2·3	5·2	1·0
1922	18·6	1·0	2·4	5·7	·9
1923	16·3	·8	2·3	4·6	·7
1924	15·9	1·2	3·9	6·3	·2
1925	15·6	1·4	3·4	4·0	·1
1926	13·4	2·1	2·6	5·9	·1
1927	17·1	2·5	2·8	3·9	·5
1928	14·3	3·0	2·0	3·8	·3
1929	17·1	2·7	3·3	3·4	·7
1930	17·1	3·1	3·1	4·1	—
1931	15·3	3·2	1·5	3·5	·3
1932	17·8	3·9	1·4	1·3	·3
1933	17·8	2·8	2·3	3·1	·1
1934	15·2	3·3	2·7	2·5	·4
1935	15·2	5·3	1·6	3·3	1·6
1936	15·4	3·2	2·6	5·4	·8
1937	17·3	4·2	2·6	5·9	·9
1938	11·5	7·0	3·0	3·0	1·2
1939	8·1	6·4	3·6	4·5	1·4
1940	13·0	4·9	2·9	2·0	1·6
1941	15·7	2·3	3·2	1·7	1·4
1942	11·0	4·6	4·6	·4	·8
1943	11·3	3·2	3·8	1·6	1·1

TABLE 3.

CITY OF EDINBURGH.

INFANT MORTALITY.

(Deaths under One Year per 1000 Births.)

Cause of Death.	Average 1919-1923		Average 1924-1928		Average 1929-1933		Average 1934-1938		Average 1939-1943	
	No. of Deaths.	Rate Per 1000 Births.	No. of Deaths.	Rate Per 1000 Births.	No. of Deaths.	Rate Per 1000 Births.	No. of Deaths.	Rate Per 1000 Births.	No. of Deaths.	Rate Per 1000 Births.
Whooping Cough	39	4·9	34	4·3	21	3·0	13	1·8	14	1·9
Measles	20	2·5	25	3·2	12	1·7	12	1·6	3	·4
Diphtheria	6	·8	3	·4	2	·3	1	·1	1	·1
Other Infectious Diseases	5	·6	5	·6	2	·3	6	·8	1	·1
Tuberculous Diseases ...	20	2·5	17	2·2	10	1·4	7	1·0	6	·8
Meningitis and Convulsions	38	4·8	33	4·2	20	2·8	13	1·8	12	1·7
Bronchitis and Pneumonia	161	20·2	143	18·2	114	16·0	98	13·4	93	12·9
Diarrhœa and Enteritis ...	50	6·3	45	5·7	33	4·6	37	5·1	39	5·4
Other Digestive Diseases ...	17	2·1	12	1·5	11	1·5	10	1·4	6	·8
Premature Birth, Malformations, Atelectasis, Injury at Birth	281	35·3	267	34·0	235	33·0	230	31·5	192	26·5
Overlaying	3	·4	3	·4	4	·6	5	·7	6	·8
Syphilis	17	2·1	5	·6	4	·6	1	·1	1	·1

TABLE 4.

CITY OF EDINBURGH.
INFANT MORTALITY RATES IN WARDS
IN QUINQUENNIAL PERIODS, 1911-1943.

Ward.	Infant Mortality Rates (Per 1000 Live Births.)									Details of Houses of £45 Rental or Under Surveyed in 1935.					
										Fit Houses.			Unfit Houses.		
	1911-15	1916-20	1921-25 *	1926-30	1931-35	1936-40	1941	1942	1943	No.	Over-crowded.	Percentage Over-crowded.	No.	Over-crowded.	Percentage Over-crowded.
1. Calton ...	106	101	82	67	69	55	91	64	68	4,954	1,095	22·1	152	60	39·4
2. Canongate ...	129	120	103	91	66	64	69	42	44	3,792	789	20·8	1,128	483	42·8
3. Newington ...	87	65	70	69	70	35	55	25	46	3,536	424	12·0	95	41	43·2
4. Morningside ...	53	67	56	40	46	41	62	28	68	4,275	80	1·9	32	9	28·1
5. Merchiston ...	66	68	54	53	56	59	33	36	38	4,722	306	6·5	2	1	—
6. Gorgie ...	102	102	71	68	64	56	59	38	57	7,540	1,837	24·4	1	1	—
7. Haymarket ...	73	71	73	36	60	56	90	36	41	2,865	292	10·2	71	19	26·8
8. St. Bernard's ...	86	91	73	57	45	64	60	78	55	4,282	443	10·4	159	55	34·6
9. Broughton ...	82	79	64	79	66	63	73	60	50	3,797	603	15·9	231	79	34·2
10. St. Stephen's ...	106	79	72	69	80	88	50	74	52	3,212	430	13·4	530	160	30·2
11. St. Andrew's ...	121	125	109	97	72	70	70	72	113	1,345	355	26·4	605	216	35·6
12. St. Giles ...	155	143	131	99	79	90	58	82	98	3,234	964	29·8	760	309	40·7
13. Dalry	118	99	81	75	65	58	62	52	40	5,122	1,353	26·4	65	28	43·1
14. George Square	131	114	85	75	83	70	76	84	76	3,577	603	16·9	389	143	36·8
15. St. Leonard's ...	143	134	110	98	76	65	70	82	41	3,361	829	24·7	912	336	36·9
16. Portobello ...	117	100	77	76	64	63	65	37	66	7,378	1,078	14·6	117	45	38·5
17. South Leith ...	—	—	89	77	64	68	72	71	48	6,588	1,504	22·8	214	98	45·8
18. North Leith ...	—	—	123	95	77	69	81	51	44	3,138	1,059	33·8	755	342	45·3
19. West Leith ...	—	—	80	73	68	81	53	48	49	3,662	734	20·0	326	129	39·6
20. Central Leith	—	—	118	92	89	73	71	76	53	2,979	961	32·3	108	47	43·5
21. Liberton ...	—	—	77	81	60	91	86	91	43	3,486	1,004	28·8	64	36	56·3
22. Colinton ...	—	—	52	50	59	59	50	53	39	1,583	179	11·3	13	7	53·9
23. Corstorphine & Cramond ...	—	—	48	59	61	51	61	38	40	4,440	179	4·0	11	1	—
City Rate ...	**114**	**105**	**91**	**79**	**68**	**65**	**66**	**56**	**54**						

* City Boundaries Extended—November 1920.

TABLE 5.

Mackenzie & Storrie, Ltd., Printers, 28-32 Coburg Street, Leith.